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Draft country programme document**

Benin

Summary

The Executive Director presents the draft country programme document for Benin for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $9,426,000 from regular resources subject to the availability of funds, and $16,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2004 to 2008.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	3.4
U5MR (per 1,000 live births)	158
Underweight (%, moderate and severe)	23
Maternal mortality ratio (per 100,000 live births, 1989-1996)	500
Primary school enrolment and/or attendance (% net, male/female, 1999)	83/57
Primary school children reaching grade 5 (%, 1997)	64
Use of improved drinking water sources (%, 2002)	63
Adult HIV prevalence rate (%)	3.6
Child work (%, 5-14 year-olds)	
GNI per capita (US$)	360
One-year-olds immunized against DPT3 (%)	76
One-year-olds immunized against measles (%)	65

The situation of children and women

1. The situation analysis is based on the common country assessment (CCA) and was carried out with the participation of children in 2002. Although politically stable since 1990, Benin is still classified among the least developed countries, and was in 158th place in the Human Development Index in 2002. Despite economic growth of about 5 per cent per annum, one third of the population (and of children under age 18) have continued to live below the global poverty line since 1994, especially in rural areas where the poverty rate rose from 25 per cent to 33 per cent between 1994-1995 and 1999-2000. One third of the children under age 5 suffer from protein-energy malnutrition. The debt burden reached US$ 976 million in 2000. Debt servicing represents 13 per cent of exports of goods and services.

2. The vulnerability analysis has shown that the peoples of north Benin live in adverse socio-economic conditions. In Benin there are major disparities between urban and rural areas and among social classes. In 2001, while on average 61 per cent of the total population had access to drinking water, and 32 per cent used adequate means of disposal of excreta, the figures were only 52 per cent and 15 per cent respectively in rural areas. The natural environment is fragile, damaged and threatened.

3. Only one third of the population makes use of health services. The Bamako Initiative ensured the availability of essential medicines at all public health centres. The mortality rates, although declining, remain high: an infant mortality rate of 89 per 1,000 live births, and an under-five mortality rate of 160 per 1,000 live births for the period 1997-2001. The levels of prenatal care and attended births rose from 80 per cent and 64 per cent respectively in 1996 to 87 per cent and 73 per cent in 2001, which may have a favourable influence on the maternal mortality rate (498 per 100,000 live births in 1992-1995). In 2001, 64 per cent of women of childbearing age and 82 per cent of children under age 5 were anaemic. Malaria remains the top reason for medical visits (35 per cent) with high rates among children (46 per cent for children under age 1 and 22 per cent among children age 1-5). The incidence of HIV/AIDS increased tenfold in 10 years, rising from 0.4 per cent in 1990 to 4.1 per cent in 2000, with marked regional variations (from 1.4 per cent to 13 per cent),

including 4 per cent through mother-to-child transmission and 94 per cent through sexual relations. The rate of access to preschool education remains low: about 3 per cent in 1997, as many girls as boys. It has changed little since then. Access to primary education is almost universal in urban areas. In rural areas, the disparities remain significant: in 2002, the gross school enrolment rate was 86 per cent for boys and 64 per cent for girls.

4. This situation of poverty, limited access to basic social services and absence of an adequate legal framework creates a favourable environment for the exploitation of children. The number of child labourers is estimated at 400,000, many of whom are *vidomègon* (domestic workers, especially girls) and/or victims of trafficking: it is estimated that 50,000 children (age 6-16) work abroad, a majority of whom are boys from the poorest regions. Sixteen per cent of Beninese women have undergone genital excision (up to 45 per cent in the north). Efforts made in recent years under the auspices of the Government have led to an improvement in child protection. The Family Code was finally adopted in 2002 and a law prohibiting genital mutilation in 2003. It may be said that the situation of children, especially girls and women, has improved, albeit slowly, which makes the consolidation of the young Beninese democracy a fragile process.

Key results and lessons learned from previous cooperation (1999-2003)

Key results achieved

5. The mid-term review of the programme in 2001 showed that most of the objectives established for the programme were in course of being achieved. The health development programme helped reduce the infant/child mortality rates (from 167 to 160 per 1,000 live births) and infant mortality rates (from 94 to 89 per 1,000 live births) between 1996 and 2001, through training and supply of medical and technical equipment in three health zones, with a population of 600,000 (10 per cent of the population of Benin). It contributed to the maintenance of a high level of immunization coverage, compared to the average in the subregion (measles vaccine, 81 per cent, DPT3, 84 per cent in 2001). Advocacy by UNICEF enabled Benin to achieve and maintain its vaccine independence, to finance the vaccines of the routine expanded programme on immunization (EPI), to cover perishable items, and to take responsibility, in 2002, for two new antigens (yellow fever and hepatitis B). The improvement in conditions of hygiene and access to drinking water led to a decline by more than one third in the incidence of diarrhoea, from 26 per cent in 1996 to 16 per cent in 2001 (children under age 3, according to the demographic and health survey, 1996-2001). UNICEF has helped reduce the number of cases of dracunculiasis by 99.9 per cent since 1990. Since 1999, the programme has supported the drilling of about 100 boreholes equipped with pumps benefiting about 36,000 people.

6. The social development programme contributed to an increase in the gross enrolment rate, which rose from 77 per cent in 1998-1999 to 94 per cent in 2001-2002, particularly the rate for girls, which is now over 78 per cent, especially in Sinendé, where the gap between boys and girls (nearly 20 points in 1998) progressively declined and disappeared in 2001. The protection project led to an increased awareness of problems linked, in particular, to trafficking in children, the subject of public discussion and current attention on the part of the authorities. It gave rise to greater involvement of communities in combating trafficking by

supporting the establishment of 500 local action committees in at-risk zones. The community development programme made possible a progressive modification in the behaviour of populations in more than 60 villages in terms of respect for the rights of the child through literacy and the training of 3,200 persons in local planning, as well as support for the establishment of income-generating units to benefit children.

7. The follow-up and evaluation programme led to increased partnership between United Nations agencies, the Government and all development partners in data collection and dissemination and better follow-up of national programmes and priorities through adaptation of the UNICEF database, *ChildInfo*, and the establishment of a national socio-economic database known as *BenInfo*.

Lessons learned

8. About 11,500 HIV-positive women give birth each year. One third of their babies are infected (one quarter of new infections), which justifies the priority placed on prevention of mother-to-child transmission in the Benin-UNICEF programme. After a pilot phase in 33 maternity centres of Cotonou, the 2002 evaluation demonstrated the possibility of expanding the project progressively to the national level, by reinvigorating the process starting with selected sites in Cotonou and establishing specific criteria for quality and efficiency.

9. The evaluation showed that good results were obtained at Sinendé due to the fact that the innovations reached all the schools in the zone, and that all the parents and communities were sensitized — by women — on the issue of respecting the rights of girls. It has proven difficult to translate the innovations introduced through the Education project's community approach to the level of national policy. Advocacy at the ministerial level must be strengthened, especially in the national "Education for All" plan and the sectoral investment plan along with key partners (the World Bank, Coopération française, and the United States Agency for International Development (USAID)).

10. Since the mid-term review, children have participated effectively at all stages of the programming (including over 2,000 in the situation analysis). This participation has allowed the young people to express their opinions, but it has also enabled their adult partners to benefit from hearing key problems expressed in simple language. This participation will be institutionalized through support to the establishment of a children's parliament and their systematic involvement in monitoring the new programme.

11. The mid-term and annual reviews have shown that the fact that Community Development is a programme in itself, separate from the Health and Education programmes, did not help to strengthen the synergy of interventions because of a lack of effective coordination at the local level. The geographical coverage achieved by the programme remains disappointing (just over 60 villages) and is far from meeting the goal of 300 villages envisaged at the beginning of the programme. Because of the effective implementation of decentralization, it would be appropriate to provide strategic reinforcement of skills at the commune level in order to ensure that sectoral interventions will target the same vulnerable children. The community development strategy will therefore be incorporated into the three new programmes.

Programme of work (2004-2008)

Summary budget table

	In thousands of United States dollars		
Programme	*Regular resources*	*Other resources*	*Total*
Survival	2 350	8 000	10 350
Education	2 350	5 000	7 350
Protection	1 776	3 000	4 700
Monitoring and evaluation	850		850
Cross-sectoral costs	2 100		2 100
Total	**9 426**	**16 000**	**25 426**

Preparation process

12. UNICEF ensured the coordination of the CCA process and of the preparation of a common database within the United Nations system — *BenInfo*. It also supported the preparation by the Government of the poverty reduction strategy paper (PRSP). Because of their content and the harmonization of the processes, the CCA and the United Nations Development Assistance Framework (UNDAF) are an integral part of the drafting of the Benin-UNICEF programme. In 2002, these documents were supplemented by an analysis of the situation by children, an analysis of disparities as a function of household wealth and an analysis of vulnerability indicators. Finally, an environmental analysis conducted at the beginning of 2003 showed that the activities planned as part of the programme will not have a damaging impact on the environment.

13. The strategic programming process was coordinated by the Ministry of Prospecting and Development, in collaboration with the Ministry of Foreign Affairs. The partner ministries, the United Nations agencies, children, bilateral donors, partner non-governmental organizations (NGOs), local councils of child democrats and the UNICEF regional office have also participated in defining the goals and expected results of the programme, as a function of the five priorities of the UNICEF medium-term strategic plan, determining the outline of the strategy and identifying the most appropriate structure. The strategy document was adopted at the February 2003 strategy meeting, chaired by the Minister of State.

Goals, key results and strategies

14. The overall goal of the Benin-UNICEF programme is to create an environment fit for children by contributing to a 10 per cent reduction in the number of children living below the poverty line by 2008. This is in line with the national goal in the PRSP to halve the number of people living below the global poverty line by 2015. The Benin-UNICEF programme will help in achieving the other effects sought by the UNDAF of increasing utilization of basic social services and the national objectives of reducing the infant, child and maternal mortality rates, improving all health indicators, and promoting access to education.

15. As for the five priorities of the MTSP, the following key results are expected *by 2008*:

(a) *Girls' education*: An increase of 20 per cent in the gross school enrolment rate for girls in the targeted communes and support to bring it up to 95 per cent nationwide; free girls' education nationwide; the promotion rate increased by at least 10 per cent in those communes and support to raise it to 80 per cent at the national level;

(b) *Integrated early childhood development*: existence of a national policy and an integrated plan of action for the young child; in at least 30 communes, a 25 per cent reduction in the infant and infant/child mortality rates; registration of 80 per cent of births with the civil registry and 80 per cent coverage in equipped children's centres in the targeted communes;

(c) *Expanded programme on immunization*: Poliomyelitis will be eradicated, measles brought under control and neonatal tetanus eliminated; comprehensive vaccination coverage for children in the programme communes will reach 80 per cent;

(d) *Combating AIDS*: a 20 per cent reduction in the number of HIV-positive newborns in at least 30 communes; a decrease in the incidence of HIV/AIDS of at least 25 per cent among youth and pregnant women; psychosocial care for 40 per cent of HIV/AIDS orphans and child victims;

(e) *Protection of children*: existence of a national plan of action and a code for child protection; 20 per cent reduction in female genital mutilation and trafficking; reintegration of at least 80 per cent of child victims of trafficking into their families and communities.

16. Actions to achieve these results will be implemented through three programmes revolving around the needs of the child: (a) survival; (b) education; (c) protection. Coordination and follow-up to intersectoral activities related to early childhood and to HIV/AIDS will be the responsibility of the programme coordination office. The community development strategy for the strengthening of local capacity will support the integrated and systematic planning of programmes/projects at the local level. Local competencies will be reinforced for better coordination of programmes centred on the needs of vulnerable children in the interest of the community. Strategic interventions will also have to be developed, for example micro-planning tools which can be utilized by the three programmes. Communication for development will support each of the programme components through a new integrated communications plan. It will support capacity-building and training efforts for the local population through communication for behaviour change and raising awareness among families, communities and decision makers for effective participation in local development, while respecting the rights of children and women. In order to be able to face any potential crisis, an emergency preparedness and response plan will be developed and updated periodically.

Relationship to national priorities, the UNDAF and international priorities

17. The partners in the Benin-UNICEF cooperation programme have identified the primary areas of intervention of the future programme, which will provide direct support for the national goals and objectives established by the Government (Perspective 2025, the Government's programme of action for the period 2001-2006

and the PRSP for the period 2003-2005). The cooperation programme is one aspect of more general collaboration within the UNDAF, which includes three areas of cooperation: (a) poverty eradication; (b) access to essential social services; and (c) combating HIV/AIDS and malaria. It will also involve cooperation with all Benin's development partners.

18. This framework allows UNICEF to be selective and, on the basis of its comparative advantages, to focus its intervention on the most vulnerable groups while helping to achieve international priorities, including those of *A world fit for children* and the Millennium Development Goals, which Benin endorses. For example, the education programme will promote the Government's priorities of expanding basic education and girls' education, improving the quality of education and developing human capital from early childhood onward. These efforts fall within the purview of the UNDAF (access to social services) and will help Benin make progress towards the goal of *A world fit for children* of providing quality education and the Millennium Development Goals of guaranteeing the right to universal primary education and promoting gender equality.

Programme components

19. The **Survival** programme will implement Expanded Programme on Immunization (EPI) and vitamin A projects at the national level. The accelerated child survival and development strategy will be progressively expanded to include 30 communes and one third of Benin's population (2.2 million people).

20. Specifically, in order to promote *integrated early child development* (ECD), the infant and infant/child mortality rates will be reduced by 25 per cent in at least 30 communes. The programme will help increase the rate of attended births to 80 per cent and reduce the percentage of HIV-positive newborns by 20 per cent. In the area of EPI, poliomyelitis will be eradicated, measles controlled and neonatal tetanus eliminated throughout Benin. With respect to the integrated management of childhood illness (IMCI), 60 per cent of cases of simple malaria and diarrhoea in children under five will be properly treated at the community level. At least 60 per cent of children will normally sleep under impregnated mosquito nets and morbidity resulting from acute respiratory infections (ARIs) will be reduced by 25 per cent in children under five. The percentage of children aged six to nine months receiving adequate supplemental feeding will be increased from 66 per cent to 80 per cent (and to 80 per cent for children under two); household consumption of iodized salt will be increased from 72 per cent to 90 per cent; and vitamin A deficiency in children will be reduced by 25 per cent. The incidence of anaemia will be decreased from 64 per cent to 50 per cent in pregnant women age 15 to 49 and from 82 per cent to 57 per cent in children under five. With respect to *children and adolescents*, the programme will combat sexually transmitted diseases (STDs) and the incidence of HIV/AIDS among persons age 10-24 and pregnant women will be reduced by at least 25 per cent in all 30 communes. At least 50 per cent of health centres in these communes will be declared "child-friendly". In the area of reproductive health, the rate of early pregnancy among adolescents will be reduced by 20 per cent, that of neonatal mortality by 25 per cent and that of malaria morbidity among pregnant women by 30 per cent. Constant access to drinking water will be ensured for 150,000 people and the eradication of dracunculiasis will be certified in 2008.

21. The proposed strategy and active research in the area of EPI will be strengthened and a communications plan will be implemented, taking into account resistance factors; the plan will mobilize community resources. Prevention of mother-to-child transmission of HIV will be progressively expanded to 30 communes. In order to strengthen the IMCI, the use of impregnated mosquito nets, impregnation kits and oral rehydration salts will be promoted, as will exclusive breastfeeding, hygiene (with a focus on hand-washing) and proper prevention and treatment of malaria, diarrhoea and ARI at the community level. The programme will provide for better periodic supervision of the health services. Integrated strategies such as the simultaneous distribution of vitamin A and impregnated mosquito nets at the time of vaccination and during prenatal checkups (together with iron supplements) will be implemented. In order to improve reproductive health, neonatal care and obstetrical services, the programme will support low-risk childbirth, anti-malaria chemical prophylaxis during pregnancy (intermittent presumptive treatment) and the progressive introduction of participatory health insurance schemes. Young people will be more fully involved in efforts to combat STDs and HIV-AIDS and action will be taken to facilitate their access to reproductive health services. In the area of nutrition, the programme will support the promotion of exclusive breastfeeding and adequate supplemental feeding, twice-yearly vitamin A supplements for children aged 6 to 59 months and deworming. Advocacy for universal use of iodized salt, promotion of micronutrient-rich foods and research into the fortification of such foods will be carried out. In the area of water, hygiene and sanitation, the programme will support the installation of adequate facilities and promote sanitary habits in preschools and schools and by families and communities. Advocacy for dracunculiasis eradication will be carried out in various development sectors and case monitoring and cooperation between countries will be encouraged in order to deal with cross-border transmission. The available funding is being provided by the Governments of Belgium, Canada and France; USAID; the Kiwanis Fund, the United Nations Foundation and Columbia University (United States of America).

22. The **Education** programme includes planned action in at least 18 communes and will benefit about 1.5 million people, primarily in north Benin. Children will be given a good start in life through, inter alia, the establishment and equipment of preschools in 14 targeted communes. With respect to access, UNICEF will promote free education for girls and will seek to increase the national gross enrolment rate for girls to 95 per cent through a 20 per cent increase in the targeted communes. With regard to quality, UNICEF will help increase the average national promotion rate for girls to 80 per cent through a 10 per cent increase in the targeted communes. The programme will continue to support a national definition of education for all which would include informal education; at least 25,000 unenrolled adolescents will be enrolled in informal training centres in an effort to discourage them from seeking jobs at too young an age.

23. The programme will implement at a broader level strategies which have already proven effective in raising enrolment rates for girls and preventing forms of exploitation such as child labour in Benin. The links between schools and communities will be strengthened; lecture-discussions on education for all and gender equality will be organized in the targeted communes; and parents and future parents will be made aware of the importance of high-quality educational activities for girls and of early childhood development. Preschools will be established,

community child development projects will be supported and parents will be provided with training modules on the care of children from birth to three years. Efforts will be made to advocate integration of the current programme's innovations (such as the girl-helping-girl system, school performance monitoring cards and community preschool experiments) into the national education policy and to promote a common vision of education for all; intensive training (including distance learning) will be offered in the areas of support for students and capacity-building for teachers; and the national policy of recruiting in partnership with communities and hiring women teachers in rural areas will be supported. Criteria for the establishment of child-friendly and, in particular, girl-friendly schools will be developed and will include improvement of the school environment (water, hygiene, behaviour and so forth). Efforts will be made to combat HIV/AIDS in the schools by providing more information, student and teacher training, parental education and logistical and material support; making young people (and especially adolescents) more aware of the need to develop life skills; involving them in activities benefiting them; and providing health centres in schools, workshops and other places of instruction. The programme will support the establishment of informal education centres for unenrolled children and the guardians of children working in the markets and elsewhere will be made aware of the need to organize and manage girls' time in order to improve their living and working conditions. Villages in the targeted communes will be made aware of the goals of education and of the gender equality approach. Interaction between schools and communities will be encouraged through school and community cultural and handicrafts exchanges and genuine community involvement in school activities and administration. The available financing is being provided by the Government of Norway and from other sources under the Global Girls' Education Programme.

24. From now until 2008, the **Protection** programme will target the main forms of vulnerability and abuse of children's rights. At the national level, the programme's awareness-raising and advocacy activities will continue. Efforts to combat the exploitation of children will focus on the villages from which child labourers come and those in which children are trafficked (largely in north Benin). A national child protection plan will be available and disseminated from 2006; Benin will have a children's code. A plan of action for orphans and child victims of AIDS will be developed in late 2004. Implementation of the plan will be coordinated by the Ministry for Social Welfare. Forty per cent of this vulnerable group will receive psychosocial care at social protection centres. Twenty per cent of workshops in the handicraft sector in Cotonou, Parakou, Porto-Novo and Calavi will comply with the Labour Code of Benin. Eighty per cent of births will be registered with the civil registry. Trafficking in children and female genital mutilation will be reduced by 20 per cent compared with current levels. At least 80 per cent of child victims of trafficking and *vidomègon* taken in by partner non-governmental organizations will be reintegrated in their families.

25. Education remains the main strategy for preventing child labour, trafficking in and sexual exploitation of children. The programme will work closely with the Education programme to raise awareness, educate the population and increase the enrolment ratio and retention rate. In the targeted communes, the programme, in collaboration with the Survival programme, will build local capacities so as to ensure access to psychosocial care for orphans and child victims of AIDS. In conjunction with the Education programme, the programme will provide technical

support for the integration in school curriculums and alternative education of issues relating to AIDS and drugs. The programme will encourage changes in behaviour through education and awareness raising in schools, alternative education centres, families and communities. Traditional chiefs and religious leaders will be involved, particularly in combating harmful traditional practices. The legislation on genital mutilation will be popularized in local languages. The existing local committees to combat trafficking in children will be revitalized and others established in supply zones that are not yet covered. In addition to trafficking, these committees will be engaged in monitoring the main types of violations of children's rights. The programme will support the strengthening of the response capacities and the decentralization of the child protection squad and the courts. Families and communities will be encouraged to use the existing channels (health services, education, etc.) to declare births. The programme will build the capacity of partners to care for child victims of abuse and effect their reintegration in their families and communities of origin. The funding available is provided by the Governments of Belgium, France, Germany, Italy and Sweden.

26. The **cross-sectoral costs** will cover operational costs for logistics and administration for the entire programme. The costs of specific activities relating to community development and communication for development will be shared among the three programmes.

Main partnerships

27. The solid partnerships established by the cooperation programme for 1999-2003 made a positive contribution to EPI (World Health Organization (WHO), Rotary International), the IMCI initiative (WHO, Government of Canada, AfriCare, Population Services International), the implementation of health zones, efforts to combat HIV/AIDS (Joint United Nations Programme on HIV/AIDS), girls' education, and the establishment of the national database *BenInfo*. These partnerships will be strengthened, with specific issues serving as points of departure (for example, UNICEF already coordinates very active groups in the areas of child survival, combating trafficking in children, and girls' education). Such collaboration warrants systematization in order to benefit from the comparative advantages of each partner and ensure optimum use of resources. Thus, UNICEF and the European Union are complementing one another in the fight against trafficking in children. The same goes for USAID in the areas of girls' education and child survival. There is a need to take advantage of the processes of coordination and monitoring of the implementation of the UNDAF and the PRSP in order to highlight such problems as may exist and resolve them by strengthening the mechanisms for dialogue between the Government and development partners.

28. Regarding mobilization of resources, links will be strengthened with donors who have been active over the past two years in programme financing and steps will be taken to find new partners. The special relationship developed by UNICEF Benin with the UNICEF National Committees will be sustained through the exchange of information materials and the organization of visits.

Monitoring, evaluation and programme management

29. Under the cooperation programme for 2004-2008, coordination at the local level will be systematized by building local capacities for planning and monitoring

initiatives in aid of vulnerable children. The Office for the Coordination of External Resources of the Ministry of State for the Coordination of Government Actions will coordinate annual planning activities for the entire programme at the national level, as well as intersectoral meetings in the programme's targeted communes organized twice yearly.

30. The database *BenInfo* will serve as a tool for monitoring programme indicators. The dracunculiasis and accelerated child survival and development strategy components will continue to be monitored by the epidemiological surveillance system, which was upgraded in 2003, the vaccination component by the EPI routine surveillance system, and the poliomyelitis component by the acute flaccid paralysis surveillance system. Provision has been made for the final evaluation of the programme in the context of the evaluation of UNDAF cooperation in 2007; that will enable the elements of the next programme for 2009-2013 to be prepared. Partial evaluations are planned at the sectoral level in the course of the cycle: evaluation of the impact of the implementation of the accelerated child survival and development strategy in 2005; evaluation of the impact of the main goals in the area of health with the population and health survey in 2006. An integrated monitoring and evaluation plan will be developed for that purpose.

31. Modifications are envisaged in the structure of the office with respect to the Survival, Education and Protection programmes, and a sub-office will be established in Parakou, a step justified by the greater vulnerability of the populations of north Benin, which calls for better coordination of interventions at the local level.

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Draft country programme document**

Republic of the Congo

Summary

The Executive Director presents the draft country programme document for the Republic of the Congo for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,879,000 from regular resources, subject to the availability of funds, and $7,500,000 in other resources, subject to the availability of specific purpose contributions, for the period 2004 to 2008.

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Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	1.6
U5MR (per 1,000 live births)	108
Underweight (%, moderate and severe, 1996-1999)*	14
Maternal mortality ratio (per 100,000 live births, 2000)**	510
Primary school enrolment and or attendance (% net, male/female)	-
Primary schoolchildren reaching grade 5 (%, 1995)	55
Use of improved drinking water sources (%, 2000)	51
Adult HIV prevalence rate (%)	7.8
Child work (%, 5-14 year olds)	
GNI per capita (US$)	700
One-year-olds immunized against DPT3 (%)	31
One-year-olds immunized against measles (%)	35

* 0-71 months.

** Preliminary United Nations Population Fund (UNFPA)/World Health Organization (WHO)/UNICEF estimates.

The situation of children and women

1. The Republic of the Congo is emerging from a prolonged social and political crisis which has wrecked its economy and dealt a setback to all the social indicators related to the Millennium Development Goals, including extreme poverty, the rising HIV/AIDS prevalence rate, the resurgence of deadly childhood diseases and school drop-out rates. The year 2002 saw the restoration of progress towards democracy with the establishment of a new constitutional regime, a constitutional referendum in January and the holding of presidential elections in March, legislative elections in June and senatorial and local elections in July. Nevertheless, the resumption of hostilities in the Pool region and the attack on Brazzaville International Airport in March 2002 posed a serious threat to the country's hard-won social and political equilibrium and undermined efforts to stabilize security. These events brought a halt to the systematic harmonization of the programming cycle, the exhaustive Common Country Assessment and the United Nations five-year development plan.

2. Over the past 10 years, the infant mortality rate and under-5 mortality rate have stagnated at 81 and 108 per 1,000 live births, respectively. Malaria, the leading cause of morbidity and mortality among children under 5 years old, acute respiratory infections and diarrhoeal diseases remain the deadliest infectious diseases. The percentage of 1-year-olds immunized against measles went from 75 per cent in 1990 to 32 per cent in 1999 and 60 per cent in 2002. Chronic malnutrition still affects over 30 per cent of children under 5 in rural areas and 15 per cent in urban areas. Anaemia strikes nearly 60 per cent of pregnant women and 80 per cent of children from 6 months to 3 years of age. Vitamin A deficiency is observed among nearly 10 per cent of women in both urban and rural areas. The prevalence of low birth weight varies from 9 to 16 per cent depending on the region, with a national average of 13 per cent. The rate of access to safe water is low, ranging from 14 per cent in rural areas to 59 per cent in urban areas in 2001. The rate of access to adequate sanitation varies between 10 and 15 per cent. Access to health care has contracted sharply owing to repeated conflicts; a recent assessment showed that only 20 per cent of health centres offer quality care.

3. Compulsory education for children from 6 to 16 years of age has been expanding since 1963. The gross enrolment rate for girls went from 38 per cent in 1960 to 100 per cent in 1978 and 121 per cent in 1984, then fell sharply to 49 per cent in 1999. Growth began in 2000, with an estimated gross enrolment rate of 78 per cent in 2002; the enrolment rate for girls, however, lagged 4 to 6 percentage points behind that of boys. This situation has been exacerbated by the current crisis in education, marked by the low performance of the educational system, owing to teachers' poverty and lack of motivation, a pupil/teacher ratio of 80 to 1, the closing of schools, especially in rural areas, a poor learning environment and parents' lack of commitment. The enrolment rate in nursery schools has stagnated at under 5 per cent.

4. In 1996 the HIV/AIDS prevalence rate reached 8 per cent. All current estimates confirm that the pandemic is spreading rapidly in urban centres. According to a survey conducted in Pointe Noire in June 2001, 38 per cent of deaths in all age groups were due to AIDS, which is now the leading cause of adult mortality (58 per cent), affecting more women than men (66 and 50 per cent, respectively). The most affected groups are adolescents and young adults because of the early age at which unprotected sex takes place. Sexual violence and mass population displacements linked to repeated armed conflicts are aggravating factors. The long period of social and political turbulence has impeded a response to the scope and spread of the pandemic.

5. The number of orphans under 15 years of age was estimated at 137,500 in 2000; of that number, 64,000, or 47 per cent, had been orphaned by AIDS. This percentage is expected to grow to 53 per cent in 2005 and to 60 per cent in 2010. These orphans' precarious living conditions are most pronounced in Brazzaville, Pointe Noire, Nkayi and Dolisie. They are often badly nourished, badly dressed and mostly uneducated. Some become heads of household and are forced to work in order to take care of their brothers and sisters; others end up in the streets, exposed to every kind of exploitation, drugs and the risk of HIV/AIDS. The legislation protecting children's rights does not guarantee inheritance rights because tradition decrees that only the brothers or nephews of the deceased are recognized as heirs. Given the limited response of the social welfare departments, the charitable sector offers only makeshift solutions in confined settings, such as orphanages and shelters.

6. The erosion of family cohesion and dysfunction among social structures have had an adverse impact on the care of vulnerable persons, particularly women, and on the harmonious development of young children and adolescents. The result is a clear increase in the number of children requiring special measures of protection. The crises of 1993 to 1999 degraded the living conditions of the population. While 70 per cent of Congolese live below the extreme poverty threshold (less than a dollar a day), the debt service, estimated at 40 per cent of the Congo's revenues, places a heavy burden on the State budget and limits investment in basic social sectors.

Key results and lessons learned from previous cooperation, 2001-2003

Key results achieved

7. The cooperation programme was carried out in 2001-2003 in a post-conflict environment in which more stable conditions had been re-established. This programme, preceded in 2000 by the emergency response programme, was marked by the resumption of regular health and education programmes, the introduction of a protection programme, and the development of a holistic approach to the rights of children and women at the institutional, civil society and community levels. Mention should be made of the major mobilization on the part of UNICEF, the agencies of the United Nations system and non-governmental organizations (NGOs) for the National Immunization Days against poliomyelitis. This mobilization made it possible to achieve immunization coverage of 635,000 and 648,500 children under 5 in 2001 and 2002, respectively. No cases of acute flaccid paralysis associated with the wild polio virus have been detected in the past two years, placing the Congo on the road to wiping out polio by 2005, as planned.

8. The conceptual framework of the Global Movement for Children provided advocacy for children's rights and for the Convention on the Elimination of All Forms of Discrimination against Women. The support generated by the Global Movement has been a valuable asset in terms of strengthening strategic interventions with partners and communities in the next cooperation programme.

9. The strengthening of basic social services has focused on: (a) in **health**: developing primary care coverage, relaunching the Expanded Programme on Immunization (EPI), making 60 per cent of the stationary centres operational and resuming efforts to combat HIV/AIDS and malaria; (b) in **nutrition**: reducing the prevalence of malnutrition by institutionalizing the treatment protocols for malnourished children in 70 per cent of the health districts; (c) in **education**: improving the learning environment through low-cost rehabilitation and equipping of 64 primary schools.

10. Effective emergency preparedness made it possible to assist over 100,000 displaced persons in the Pool region and refugees from the Democratic Republic of the Congo and the Central African Republic.

11. In the context of protection of children and women, 600 psychologists and support staff were trained; this made it possible to reorient the psychosocial rehabilitation strategy for vulnerable children (nearly 5,000 orphans) and girls and women victims of rape, using a comprehensive, community-based and individualized approach in conjunction with NGOs.

12. As part of helping to reduce mortality and morbidity from childhood diseases, 60 per cent of children were immunized against measles; all children under 5, including refugees, received three doses of polio vaccine, and all children from 6 to 59 months of age received vitamin A supplements during the National Immunization Days.

Lessons learned

13. In order to cope with the emergency resulting from the influx of displaced persons from the Pool region, UNICEF implemented a contingency and humanitarian assistance plan. This plan envisaged: (a) a rapid response in the short and medium term through the provision of health, nutritional and psychological care to 100,000 displaced persons, the distribution of basic equipment (shelters and resettlement gear) and the strengthening of health centres; (b) planning for appropriate assistance in remote areas of the Pool region as soon as safety conditions allowed. A huge humanitarian disaster was averted through good planning, supported by resource mobilization among donors at headquarters, the regional office and the Procurement Division in Copenhagen, combined on-site interventions by all partners, and the effective coordination of United Nations agencies with international and local NGOs and governmental agencies. The expertise developed in planning, on-site organization and coordination will be put to use in the new cooperation programme in the areas of emergency preparedness and coordination of development projects.

14. The development of an active and fruitful partnership, which included the signing of 15 protocols of agreement with NGOs and two Memorandums of Understanding with the World Food Programme and the United Nations Development Programme, made it possible to achieve significant results. On the basis of these agreements, strategic projects (care of children living or working on the streets, female rape victims, community development) were carried out by synergizing the comparative advantages of the partners. This partnership will be strengthened in 2004-2008 in both planning and execution in order to achieve strategic results and perpetuate the gains.

The country programme, 2004-2008

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Early childhood survival and development	1 485	2 100	3 585
Basic education	990	1 800	2 790
Protection of children and women	644	1 500	2 144
Combating HIV/AIDS	595	1 200	1 795
Communication and planning of social policies	595	600	1 195
Cross-sectoral costs	570	300	870
Total	**4 879**	**7 500**	**12 379**

Preparation process

15. The gradual normalization of the social and political situation lays the groundwork for the preparation of a regular programme in order to provide sustained support for national reconstruction. The preparation of the cooperation programme 2004-2008 was done in accordance with a results-based planning approach. The process adopted is based on the active and gradual participation of the largest number of partners at the central and local levels. The participants first familiarized themselves with the concepts of ongoing analysis of the situation of children and women, based on rights and a logical framework, and of identifying priorities, through workshops held in 5 out of 11 regions. The strategic results anticipated from the health, education, and early childhood survival, protection and development programmes were elaborated following the strategy meeting supported by the Regional Adviser with the participation of United Nations agencies. The operational planning exercises, based on the results inspired by the UNICEF medium-term strategic programme and the Millennium Development Goals, culminated in the preparation of the logical frameworks for the five programmes adopted.

Goals, key results and strategies

16. The programme goal is to contribute to ensuring respect for, recognition and realization of the rights of children, women and adolescents to survival, harmonious development and protection against major scourges (HIV/AIDS, malaria), as well as violence and discrimination.

17. The main strategic results will be to help ensure that: (a) infant-child mortality rates and maternal mortality rates are reduced by 20 per cent, so that children can live in a healthful environment and receive adequate care, enabling them to thrive and achieve optimal physical and psychomotor development; (b) 80 per cent of children finish one complete cycle of primary education with an adequate level of knowledge; (c) 40 per cent of children and women victims of violence and exclusion benefit from special measures of protection concerning their rights to identity, education, care and security; (d) the spread of HIV/AIDS among children, adolescents (from 10 to 24 years of age) and women of childbearing age is reduced, including mother-child transmission, and the survival and quality of life of those affected is improved; (e) the institutions and structures entrusted with planning and advocacy at all levels provide ongoing follow-up of the situation of children and women and the social policies which guarantee their rights.

18. The programme will consolidate the strategies developed in the previous programme with the flexibility required for it to adapt and respond to emergencies: (a) at the national level: in respect of health, routine immunization activities, vitamin A supplementation and the promotion of insecticide-treated bednets; in respect of education, supporting remedial efforts for children who have dropped out of school and literacy campaigns, particularly for women; (b) in 8 out of 11 departments selected as convergence zones (on the basis of poor health coverage, low enrolment rates for girls and a high HIV/AIDS prevalence rate) and comprising 25 districts accounting for 40 per cent of the total population, there will be a need for national capacity-building to improve the quality of health care; in respect of education, a package to promote better learning environments; in respect of protection, improving the quality of human relations through psychosocial

rehabilitation, information, awareness-raising, life skills training and civic education; (c) within the convergence zones, the participation of beneficiaries and the community development approach will be strengthened in poverty-stricken areas in order to promote child development and respect for children's rights; (d) in order to cope with emergencies, a contingency plan, updated on a regular basis, will be part of each programme.

19. The partnership involving United Nations agencies, the European Union, civil society organizations, international NGOs, universities, and so on, will be continued and integrated into advocacy activities with a view to achieving synergy between interventions, equity between regions, attention to minorities and the most vulnerable, and greater participation by women in decision-making bodies. There will also be a need to strengthen national capacities for ongoing analysis of the situation of children and women in order to build the communication, advocacy and resource mobilization components.

Relationship to national priorities and the United Nations Development Assistance Framework (UNDAF)

20. The new programme takes into account national priorities as defined in the Nouvelle Espérance Socio-Economic Programme and the Economic Orientation Plan (2004-2010), which centre on good governance, combating poverty and exclusion, and respect for the rights of children and women. It is based also on the strategic frameworks laid out in the national programmes to combat HIV/AIDS, malaria, the EPI strategic plan 2003-2007, the country's Plan for Education for All, and the UNDAF. In the context of the regional strategy for accelerated implementation of the medium-term strategic plan and the principal collective commitments of UNICEF in emergency situations, the programme will assist the Government in evaluating and updating the country's Plan of Action for Children (PANE) and strengthening the mechanisms for annual dissemination of the social assessment survey of the situation of children and women.

Relationship to international priorities

21. The new programme priorities will contribute to achieving the Millennium Development Goals of eliminating disparities between girls and boys in education; reducing the under-5 mortality rate and the transmission and spread of HIV/AIDS; eradicating violence against women and children; and protecting the most vulnerable. In the context of combating poverty, the programme will take into account the priorities of the New Partnership for Africa's Development (NEPAD) and the Poverty Reduction Strategy Paper, including investment in basic social services. The programme will assist the Government in establishing follow-up mechanisms for the Global Action Plan through the restructuring and activation of the national follow-up committee of the Global Movement for Children.

Programme components

22. The **early childhood survival and development** programme comprises four projects: immunization "plus"; child nutrition and development; treatment of childhood diseases; and safe motherhood. The main interventions will be as follows: (a) in respect of immunization "plus", immunizing at least 90 per cent of children under 1 year of age and pregnant women in order to wipe out polio and neonatal

tetanus, control measles and provide vitamin A supplements. In addition, the use of insecticide-treated bednets, oral rehydration salts and the consumption of iodized salt will be promoted in all households; (b) in the convergence zones, emphasis will be placed on improving the quality of care in cooperation with the United Nations Population Fund and the World Health Organization, particularly with regard to promoting clean deliveries, basic obstetrical care, exclusive maternal breast-feeding, weaning, supervision and monitoring of early childhood growth and development, and improving the treatment of childhood diseases; (c) in the focus areas (poverty-stricken areas), validating the integrated approach to child development in conjunction with the ministries of education, health and social welfare, along with NGOs, while providing support to communities and local associations.

23. The **basic education** programme comprises three projects: educational planning, primary education and "friends of children" schools. The main interventions will be as follows: (a) at the national level, strengthening the system of collecting and analysing school data for better monitoring of disparities with regard to girls, minorities and rural areas; (b) in all schools in the convergence zones, distributing basic teaching equipment (programmes, manuals and school supplies kits) and supporting teacher and supervisor training aimed at quality education; (c) in all schools in the focus areas, promoting the concept of "friends of children" schools with a maximum pupil-teacher ratio of 50 to 1 and community involvement in school management. Informal educational activities will focus on remedial or literacy efforts for children and youth coming from conflict areas.

24. The **protection of children and women** programme comprises three projects: protecting children's dignity, protecting orphans and vulnerable children, and rehabilitating women and children victims of violence. It will ensure that: (a) all children in conflict with the law receive adequate judicial handling and are reintegrated into society; 90 per cent of newborns are declared to the Vital Statistics Registrar and undeclared children are registered; (b) 40 per cent of orphans and vulnerable children (street children, working and handicapped children) live in a harmonious family environment and have access to a suitable education and appropriate training; (c) at least 50 per cent of children and women victims of violence, discrimination and exclusion are recognized, treated and rehabilitated, risks are prevented and such practices are socially and/or legally repressed.

25. The **combating HIV/AIDS** programme comprises two projects: prevention among young people, and prevention of mother-child transmission. The main interventions will be as follows: (a) developing and implementing a life skills programme for young people through peer educators in the schools and an integrated communication plan, particularly in the communities, with the active participation of young people and cooperation from NGOs; (b) strengthening the national strategy to prevent mother-child transmission and implementing it in integrated health and maternity centres in the convergence zones.

26. The **communication and planning of social policies** programme seeks to provide ongoing analysis of the situation of children and women and to promote the development of a broad and diversified partnership. It comprises two projects: support for planning, and communication/advocacy. The main interventions will be as follows: (a) strengthening the capacities for planning, follow-up and evaluation and establishing mechanisms for collecting, processing and analysing data on the situation of children and women at the national level and in the convergence zones.

These assessments and data form the basis for the development of mechanisms and conducting of advocacy for the implementation of measures of protection and respect for the Convention on the Rights of the Child; (b) promoting effective participation by young people through the establishment of a children's parliament; (c) planning and developing a communication and advocacy strategy leading to sustained commitment on the part of the media, political leaders, civil society and public opinion; developing a resource mobilization strategy based on the preparation of communication media and visits to donors. The Government will be requested to make a direct contribution to the UNICEF budget; Initiative 20/20 will be promoted; and contributions will be requested from civil society and private-sector partnerships for the country's priorities, namely, Congolese schools and combating malaria and AIDS.

27. In the context of implementing the cooperation programme, **cross-sectoral costs** will aim to improve the operational, logistical and management capacities of the overall country programme. In particular, they will respond to the concerns regarding national capacity-building for better management of national wealth, improved governance and procurement, which will be strengthened through monitoring missions carried out by the inspection services and the procurement monitoring unit. Regular resources will finance the costs of routine immunization activities and immunization "plus", polio eradication, the promotion of education for all with priority given to girls, support staff for the programme and the purchase of the materials and equipment needed for programme management.

Major partnerships

28. UNICEF, which was responsible for the establishment of local networks of NGOs (the Congolese Association to Combat Violence against Women and Girls, the Federation of Children and Women of the Congo, the National Network of Non-Governmental Organizations to Combat AIDS, the Coordinating Committee of Civil Society Associations and Networks of the Congo), will strengthen these networks' capacities to negotiate and intervene with other actors and donors. The 2004-2008 programme will consolidate the national partnership with NGOs in order to broaden the activities for children and women and develop innovative strategies. At the same time, UNICEF will participate in the implementation of the UNDAF, especially in the context of combating AIDS and malaria, developing actions at the community level and coordinating and harmonizing the future programming cycles of United Nations agencies. A financial commitment from the World Bank for the strategy of protecting orphans is guaranteed.

Monitoring, evaluation and programme management

29. The Government will ensure programme coordination through the Ministry in charge of the Plan. Planning, execution and monitoring of the projects will be managed jointly with the government departments, NGOs and associations concerned at the central and local levels. At the central level, the intersectoral committee composed of the executive directors of the various sectors concerned, under the coordination of the Executive Director of Planning, will produce a six-monthly report on the status of the programme. At the community level, the members of the local development committees will be authorized to ensure close monitoring of the child survival and protection activities. The annual reviews will draw upon the status reports and the on-site mission reports. A demographic and

health survey will be conducted in 2004 with support from the World Bank; should this fail to materialize, a multiple indicator cluster survey (MICS) will be carried out in 2005, and its results will be used for the 2006 mid-term review. Within UNICEF, a multidisciplinary team supervised by the programme coordinator will provide technical support for the planning and management of programmes and projects. Joint on-site visits will enable the donors to monitor and evaluate the progress made and results achieved in the execution of the projects.

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Draft country programme document**

Niger

Summary

The Executive Director presents the draft country programme document for Niger for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $25,024,000 from regular resources, subject to the availability of funds, and $26,494,000 in other resources, subject to the availability of specific purpose contributions, for the period 2004 to 2007.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	6.4
U5MR (per 1,000 live births)	265
Underweight (% moderate and severe, 2000)	40
Maternal mortality ratio (per 100,000 live births, 1986-1992)	590
Primary school attendance (% net, male/female, 2000)	36/25
Primary schoolchildren reaching grade 5 (%, 2000)	70
Use of improved drinking water sources (%, 2000)	43
Adult HIV prevalence rate (%, 2002)	0.87
Child work (%, 5-14 year-olds, 2000)	70
GNI per capita (US$)	170
One year olds immunized against DPT3 (%)	31
One year olds immunized against measles (%)	51

The situation of children and women

1. Located in West Africa's Sahel region, Niger covers nearly 1.3 million square kilometres and has a population of 11.2 million, which is growing at a rate of 3.3 per cent a year. Eighty per cent of the inhabitants live in rural areas and over one half of the population is under 15 years old. Niger ranks 173rd out of 174 countries on the Human Development Index and Human Poverty Index. The gross national product per capita remains very low ($203 in 2001). Despite Niger's recent admission to the Debt Initiative for Highly Indebted Poor Countries, the outstanding external debt (78 per cent of the gross domestic product in 2000) is an obstacle to development. Transportation and commodity distribution are difficult, with 92 per cent of roads unpaved, no rail system and the nearest port 1,000 kilometres away. Niger suffers periodically from droughts and epidemics. Despite relative internal political stability, the country faces negative social and economic consequences as a result of regional upheaval, e.g., the recent crisis in Côte d'Ivoire, as a large number of citizens work as migrant labourers in neighbouring countries.

2. Between 1989 and 2000, the under-five mortality rate (U5MR) decreased from 339 to 265 per 1,000 live births. The estimated infant mortality rate (IMR) is 126 per 1,000 live births according to the multiple indicator cluster survey (MICS) undertaken in 2000. The immediate causes of child mortality are diarrhoea, malaria and pneumonia. Low access to health care (48 per cent) and the low quality of health services are the main underlying causes of deaths. Limited access to potable water (48 per cent in urban areas, 17 per cent in rural areas) and inadequate sanitation coverage (18 per cent urban, 5 per cent rural) also contribute to high mortality rates. There was a 10-point increase in coverage of the routine expanded programme on immunization (EPI) for children under one year old from 1999 to 2001 (31 per cent for three doses of combined diphtheria/tetanus/pertussis vaccine, 51 per cent for measles vaccine). EPI coverage is up to 4 per cent higher in UNICEF intervention zones than in other areas. Some 40 per cent of children under five years of age are underweight. Exclusive breastfeeding is practised by only 2 per cent of

mothers nationwide. Only 7 per cent of women use contraception. The low prenatal consultation rate (40 per cent) and the limited number of births assisted by qualified health personnel (16 per cent) contribute to the high maternal mortality rate (MMR).

3. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates the rate of HIV seroprevalence to be 1 per cent, although it is as high as 25 per cent among sex workers. Particularly worrying is the increasing number of pregnant women with HIV (over 5 per cent in some regions). Only 25 per cent of women know how to protect themselves against HIV/AIDS.

4. Between 2000 and 2002, the gross school enrolment rate increased from 34 to 42 per cent. Between 1999 and 2002, the gross enrolment rate for girls increased to 33 per cent. There are only 6,000 primary schools for over 1.8 million school-aged children, and the quality of education is low, with only 17,750 teachers, against the 45,600 needed for a ratio of 40 pupils per teacher. Only 24 per cent of children finish primary school and 45 per cent drop out without having acquired basic knowledge. Negative perceptions of girls' education discourage their access to school. Girls are held back due to early marriage, low household incomes, lack of separate latrines and curricula that are not adapted to reflect gender issues and local conditions. Between 1997 and 2002, the number of early learning centres rose from 117 to 193, but they are limited to urban areas. Because formal education is not available or accessible to a large number of rural children, many attend Koranic schools which operate throughout the country.

5. Despite the lack of accurate and disaggregated data, studies and field work by non-governmental organizations (NGOs) confirm that the number of children living in precarious situations is growing. In urban areas in particular, these include children without primary caregivers, or those in conflict with the law or living in the streets. Girls and women are victimized by female genital mutilation (FGM), legal discrimination and family violence. Pregnant girls are excluded from school. Only 45 per cent of children are registered at birth. Some 70 per cent of children in Niger work in one way or another and existing child protection structures and monitoring mechanisms are inadequate.

6. Despite an increase in the number of public and private media outlets, their coverage remains concentrated in municipal centres. In recent years, community radio, rural radio, radio clubs and interpersonal communication have become significant tools for development and social mobilization.

Key results and lessons learned from previous cooperation, 2000-2003

Key results achieved

7. The original duration of the country programme was from 2000-2004, but the cycle was shortened by one year to conform with the cycles of other United Nations agencies. The goal of the country programme has been to promote child-centred development based on the exercise of the rights of children and women. The programme has sought to: (a) contribute to reducing IMR by 15 per cent, U5MR by 20 per cent and MMR by 15 per cent; (b) contribute to improving the gross enrolment rate for girls from 23 to 35 per cent; and (c) promote the access of

children and communities to basic knowledge necessary for the full enjoyment of their rights.

8. UNICEF-supported immunization campaigns, micronutrient distribution and strengthening of the health system contributed towards improving the health and nutritional status of children. Improvement in the cold-chain, microplanning and close monitoring at district level permitted increased EPI coverage. Polio eradication efforts reached 90 to 100 per cent of the target groups and only three cases of wild polio virus were detected in 2002. In 2000 and 2001, nearly 880,000 children were immunized for the first time. Collaboration within the Inter-agency Coordination Committee and with NGOs was a key factor in this success of National Immunization Days (NIDs). National Micronutrient Days (NMDs) reached 89 per cent of targeted children.

9. HIV/AIDS prevention and awareness campaigns reached schools, military personnel, religious leaders, traditional chiefs, pastoralists, nomads and villages. Within the UNAIDS framework and in partnership with NGOs and media, interventions focused on adolescent reproductive health. UNICEF implemented six pilot sites for the prevention of mother-to-child transmission of HIV.

10. In the area of education, UNICEF directly contributed to improvements in access to education and girls' attendance. Progress focused on girls' education, women's literacy and making tangible improvements to curricula, providing equipment and furnishings, and pedagogical innovations.

11. UNICEF supported the harmonization of national laws with the Convention on the Rights of the Child. Legislation that will ban FGM was brought before Parliament and reform of other legal texts on child protection has been initiated. UNICEF contributed to reinforced juvenile justice structures. One hundred young people at risk benefited from scholarships that provided professional skills. With the support of the International Labour Organization (ILO), as part of the implementation of a national plan of action against child labour, 60 young people were taken out of exploitative situations. Children and women with disabilities benefited from psychosocial, advocacy and mobilization activities. UNICEF financed the training of birth registration agents and the printing of birth registration books. The establishment of a parliament for young people was supported. Assistance was provided to government and NGOs representatives meeting with the Committee on the Rights of the Child in Geneva. UNICEF supported the preparation of an NGO-led alternative report on implementation of the Convention.

12. UNICEF has been the lead agency for the elaboration of the National Communication Policy for Development, which will contribute to behavioural change and social mobilization. Through capacity-building and provision of technical equipment, UNICEF enhanced partnerships with media at the community and regional levels. This contributed to increased coverage of NIDs and NMDs and improved girls' school attendance. UNICEF supported the development and production of publications in local languages, essential for creating an environment that promotes literacy.

13. The integrated basic services (IBS) programme operated in 336 village clusters in 12 out of 42 districts, with the target districts comprising 3.14 million inhabitants. The selection of the districts was based on their exceptionally low socio-economic indicators. Major achievements of the IBS programme include a 14-point

improvement in EPI coverage and a coverage rate of 80 per cent for micronutrient distribution. Nutritional surveillance was also reinforced in 500 villages with community-based growth monitoring teams. School attendance rose four percentage points and in some districts, girls' attendance doubled. The number of literacy centres increased from 1,299 in 2000 to 2,487 in 2002. Working with local committees on issues related to children's and women's rights promoted attitudinal changes towards early marriage, girls' education and FGM, and increased women's access to health facilities.

14. In the field of monitoring and evaluation, key results include the realization and dissemination of data from the MICS and the annual updating of the integrated monitoring and evaluation plan (IMEP). UNICEF supported the establishment of Niger's Monitoring and Evaluation Network. An integrated monitoring system in the IBS target districts was strengthened, and government counterparts and other partners are involved in the development and implementation of *ChildInfo*.

Lessons learned

15. Community-based development is a basis for sustainability. In targeted districts, serving 28 per cent of Niger's total population, the rate of improvement for several indicators for health, nutrition and education exceeded the national average. This is the direct result of: (a) participatory and community-based planning processes to identify priorities and action plans and to carry out developmental activities; (b) recognizing the interdependence among different sectoral activities to achieve synergy and progress (e.g., income-generating activities in schools reduced the drop-out rate among girls; women's literacy was a factor in raising mothers' awareness to prevent child malnutrition); (c) through sharing and improving the available services and resources (e.g., health centres, schools, grain mills, cereal banks), creating an economy of scale among village clusters, rather than only investing in individual villages; (d) empowering and placing women at the centre of child survival issues and community development; and (e) involving community leaders in planning key activities to secure community ownership and sustainability. The UNICEF presence in the field was key to facilitating coordination among communities, authorities and partners and securing long-term donor support. Sub-offices were essential in overcoming such constraints as vast distances, collaborating with a large number of partners and extremely limited counterpart resources. The positive outcomes achieved through the IBS strategies and activities have contributed to the Government's commitment to community development and decentralization, as reflected in the Poverty Reduction Strategy Paper (PRSP), the recent creation of the Ministry of Community Development and the implementation of the President's special programme focusing on building health, sanitation and education infrastructures at district level. IBS directly responds to these priorities and serves as a laboratory to develop innovative and effective strategies that could be extended to national levels.

16. Partnership with traditional chiefs are an engine for development. In a largely conservative society with few modern media and high illiteracy rates, the protocol between the Association of Traditional Chiefs of Niger and UNICEF has opened innovative avenues to use interpersonal and traditional means to raise community awareness and participation. In total, 212 chiefs are now major allies for child protection and survival. Chiefs from eight countries signed the "Sahel Engagement",

a reference framework to use culture and tradition to protect children's rights. The Association has been key in reaching rural and nomadic populations, legitimating discussion on such child rights issues as early marriage and girls' education and strengthening community participation in NIDs and NMDs. In the past three years, at traditional events attracting hard-to-reach populations, more than 700,000 nomadic children were vaccinated against polio for the first time. There is a growing demand for girls' education and income-generating activities for women. More migrating herders are aware of HIV/AIDS and there is increased use of community-based radio to exchange information and debate issues.

The country programme, 2004-2007

Summary budget table

	(In thousands of United States dollars)		
Programmes	*Regular resources*	*Other resources*	*Total*
Health and nutrition	5 005	19 580	24 585
Basic education	3 753	800	4 553
Child protection and promotion of rights	3 003	520	3 523
Integrated basic services/community development	7 508	4 934	12 442
Planning, evaluation and communication	3 753	660	4 413
Cross-sectoral costs	2 002	00	2 002
Total	**25 024**	**26 494**	**51 518**

Preparation process

17. In 2002, the Common Country Assessment, PRSP, the UNICEF mid-term review (MTR) and the draft of the United Nations Development Assistance Framework (UNDAF) were prepared through collaborative and participatory processes. Together with the regional roll-out process for the UNICEF medium-term strategic plan (MTSP), they provided the framework for the situation analysis and key strategies and priorities of the country programme. Community involvement in the MTR was an important step in programme preparation. The Niger-UNICEF Joint Planning and Coordinating Committee, chaired by the Ministry of Finance and Economy, coordinated and oversaw the preparation of the strategy note and the meeting with partners.

Goals, key results and strategies

18. The goal of the country programme is to contribute to the reduction of poverty by improving the living conditions of children and women within a framework of consolidated policy and partnership. The country programme seeks to contribute the following key results by 2007: (a) reducing U5MR to 180 per 1,000 live births, IMR to 82 per 1,000 live births and MMR to 450 per 100,000 live births; (b) improving

access to early childhood programmes, increasing the first-year school enrolment rate to 62 per cent and the girls' enrolment to 55 per cent overall and 60 per cent in IBS zones; (c) harmonizing national laws with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women; (d) increasing the birth registration rate to 60 per cent overall and to 90 per cent in IBS zones; and (e) developing disaggregated data on child protection, including the situation of orphans and other children made vulnerable by HIV/AIDS (OVC). Integrated community-based development strategies will serve as blueprints for national implementation.

19. Rights-based capacity-building among key development actors will be central to advancing the rights of children and women. Based on a national plan for integrated early childhood development (IECD), activities in the areas of child survival, protection and early childhood development will use an integrated approach towards achieving a good start for children. This strategy will be complemented by a gender equality approach to address the needs of girls and women's participation in decision-making at all levels, and children's participation in the formulation of policies and implementation of activities.

20. Existing development frameworks, the growth of NGOs and community-based organizations and the intensified focus on poverty reduction offer important opportunities for the programme to reinforce partnerships and develop new alliances. Partnerships will be extended to the private sector to augment resource mobilization efforts.

21. In response to limited government capacities to deliver quality services due to lack of human and financial resources, national and community capacity-building will continue to be important approaches. Innovations in advocacy and social mobilization will also continue to be used to encourage positive behavioural and attitudinal changes, mobilize resources, engage politicians and other leaders on key child rights issues and ensure the success of such national campaigns as NIDs and NMDs.

22. The geographic coverage of the IBS programme will be maintained to consolidate and build on the achievements and progress of the previous country programme. Within the 12 targeted districts, additional village clusters will be identified, raising the total population served by up to 15 per cent. Empowering local communities to develop operational frameworks for community-based decision-making and cost-sharing will support the decentralization process. This programme will develop integrated pilot strategies that will help to elaborate sustainable national strategies and policies.

23. Because insufficiently developed social information and data collection on children and women were serious concerns during the 2000-2003 programme, developing a database on these social indicators will be fundamental.

24. To respond quickly and efficiently to epidemics, natural disasters and the negative consequences of regional political instability, emergency preparedness will be an integral part of programming. UNICEF will work with partners in anticipating emergency situations, and in planning and carrying out activities in the areas of health, nutrition, water and sanitation, education and child protection.

Relationship to national priorities and the UNDAF

25. The PRSP, developed through a participatory process with stakeholders and beneficiaries, identifies as priorities the well-being of children and respect for human rights through good governance. The UNDAF, which will come into force in 2004, is organized around three areas of cooperation: (a) food security; (b) universal access to basic services; and (c) good governance and more balanced growth. The programme of cooperation is in line with these priorities, especially in the area of child protection, which is strongly reflected in the good governance domain of cooperation. Health and education will contribute directly to the second area. Gender, HIV/AIDS and communication are treated as cross-sectoral interventions across the UNDAF.

Relationship to international priorities

26. Based on this framework, the programme of cooperation will contribute to the MTSP targets and also to the national achievements of the wider targets of *A World Fit for Children* and the Millennium Development Goals. Following the Special Session on Children, the Government requested UNICEF support to develop a 2003-2010 action plan for children, which will be a building block of the new country programme.

Programme components

27. To reduce Niger's high mortality child and maternal rates, the **health and nutrition** programme will focus on three projects for child survival, nutrition and reproductive health and the fight against HIV/AIDS. Through the accelerated child survival and development strategy, the *child survival project* will extend services for the integrated management of childhood illnesses (IMCI), including community-based activities and early learning components, from 12 to 31 out of 42 health districts. The implementation of the EPI "plus" approach will increase immunization coverage rates up to 80 per cent nationwide. Polio will be eradicated and measles and tetanus control programmes implemented. Some 70 per cent of pregnant women and 80 per cent of children under five years old will sleep under insecticide-treated bednets. Access to health facilities will be increased and the quality of services improved, particularly in urban areas. Together with the *nutrition project*, this project will also contribute to the implementation of a national IECD policy. The nutrition project will reduce and prevent malnutrition through micronutrient supplementation (particularly regular nationwide and community-based distribution of vitamin A), promotion of exclusive breastfeeding and appropriate complementary feeding practices, nutritional surveillance, rehabilitation and child stimulation in communities and health facilities. Community-based child growth monitoring and promotion services are expected to be extended from 500 to 1,000 villages nationally. The project on *reproductive health and the fight against HIV/AIDS* will reduce maternal mortality through the promotion of safe motherhood and adolescent reproductive health. A referral system for attended births will be implemented in eight district hospitals. The fight against HIV/AIDS will focus on prevention of mother-to-child transmission (PMTCT) of HIV, voluntary and confidential screening, assistance to affected persons and "youth-friendly" health services.

Ninety per cent of HIV-positive mothers will receive PMTCT services in the first six pilot sites and 12 district hospitals, and quality social services will be accessible to at least 50 per cent of OVC. The project will coordinate HIV/AIDS interventions in all country programme components.

28. Regulars resources will be used for routine EPI, nutrition activities, fighting HIV/AIDS and promoting reproductive health. Other resources will fund mainly supplementary immunization activities (i.e., polio and measles campaigns, tetanus control) and implementation of accelerated child survival and development activities (EPI "plus" and malaria control). Some $11.5 million are already committed to these activities. Collaboration will be strengthened with the United Nations Population Fund (UNFPA), the World Bank, the World Food Programme (WFP), the World Health Organization, international NGOs and bilateral agencies.

29. The **basic education** programme will focus on primary education and non-formal education and childhood development. The *primary education project* will promote access to quality education for girls and for children with disabilities. The project will improve school management, create safe and healthy environments, support teacher training and provide supplies and pedagogical materials. It is expected that students' achievement rates will increase from 24 to 51 per cent and drop-outs decrease by 2 per cent per year. Tools will be developed to monitor and evaluate the quality of education, reinforcing capacities to collect and analyse educational data and develop and implement modules to promote health and HIV/AIDS prevention. Gender disparity will be reduced and the girls' school enrolment rate increased from 33 to 55 per cent. An integrated education strategy for children with disabilities will be implemented. The *non-formal education and childhood development project* will support the formulation and implementation of an IECD policy and expand the number of adapted early learning centres from 193 to 273, mainly in rural areas. A policy on non-formal education will be elaborated and implemented to promote girls' education and women's literacy. The curricula of Koranic schools will be adapted to include basic education skills. The project will contribute to increasing the literacy rate from 20 to 28 per cent and also coordinate IECD interventions in all country programme components.

30. Regular resources mainly will fund formal education activities while other resources will contribute to literacy and other non-formal education activities. Significant other resources have already been committed for education activities at community-level and will be administered under the IBS budget. For both projects, collaboration will be reinforced with the United Nations Educational, Scientific and Cultural Organization and WFP, as well as with bilateral donors.

31. The **child protection and promotion of rights** programme comprises two projects. The *legal protection and rights promotion project* will contribute to the adoption and implementation of a child protection code to combat and prevent harmful traditional practices, eliminate sexual and economic exploitation of children and protect OVC. The legal framework and legislation will be reinforced and brought into line with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. Birth registration rates will be increased to 60 per cent. Eighty per cent of children in conflict with the law will benefit from alternative measures to prison. The project will promote child participation in the identification, formulation and implementation of policies and also contribute to the elaboration and implementation of a national IECD policy. The

capacity development for child protection project will reinforce data gathering and analysis, and establish and monitor child protection standards. It will strengthen partnerships with core ministries, traditional chiefs and communities to promote a protective environment. It will work with government and non-government service providers to ensure early prevention and support for children needing protection and care. Counselling and rehabilitation services will be established to deal with violence and abuse against children, including in schools.

32. In addition to regular resources, other resources will be used to fund activities related to birth registration, harmful traditional practices and vulnerable children. Collaboration with ILO will be strengthened in the area of child labour and with the European Union and bilateral cooperation in the areas of judicial reform and juvenile justice. NGOs and civil society will continue to be primary partners.

33. The **IBS/community development** programme will consolidate and build on the achievements of the 2000-2003 country programme through two projects. The *development of integrated strategies project* will elaborate integrated strategies at district and community levels to address the priorities of the MTSP and national sectoral priorities in the 12 target districts. It will provide programme supplies and support IBS-related monitoring and evaluation. Management and decision-making will be devolved to districts and communities that will be empowered to take ownership of development initiatives. Through best practices and lessons learned, this project will develop integrated strategies that will help to elaborate sustainable national strategies and policies. This project will contribute towards elaborating a national IECD policy and strategies to prevent HIV/AIDS. The *community-level survival and development project* will promote the delivery of quality basic services to target districts in the areas of health, nutrition, water and sanitation, education, child protection, income-generating activities, women's promotion, gender equality and prevention of HIV/AIDS and other sexually transmitted diseases. With the identification of additional village clusters, there will be more beneficiaries. Key results in the target districts will include: (a) raising EPI coverage to 90 per cent; (b) implementation of the IMCI approach; (c) increasing the number of children and pregnant women sleeping under treated bednets to 90 per cent; (d) increasing the rate of exclusive breastfeeding to 80 per cent; (e) increasing the girls' school enrolment rate to 60 per cent; and (f) increasing the birth registration rate to 90 per cent. Household food security will be improved. Child protection will be promoted in schools and child protection services improved. The rate of mother-to-child transmission of HIV will be reduced. Information, education and communication (IEC) and development communication packages will induce positive behavioural change. This project will contribute towards implementing a national IECD policy.

34. Regular resources mainly will fund the development of the integrated strategies project. Other resources will be used for integrated community development projects, including education and water and sanitation. Over $2 million in other resources has already been committed. WFP, the United Nations Development Programme, UNFPA, bilateral cooperation agencies and NGOs will continue to be major partners in the fields of household food security, health, education and water and sanitation.

35. The **planning, evaluation and communication** programme is a cross-sectoral function that will assist programme implementation through four projects. The *planning project* will support the design of programmes and activities, ensure gender

mainstreaming in programming and coordinate with partners to develop policies. The project will ensure regular updating of emergency contingency planning. The *monitoring and evaluation project* will support monitoring of progress towards achieving objectives and results. Counterparts' capacities to collect, assess, analyse and use social development data will be strengthened. Through *ChildInfo*, key data will be provided and data management harmonized among different ministries and partners. The *communication project* will plan, design and manage communication and advocacy strategies to enlist the support of mass media, opinion makers, policy leaders and public opinion. A resource mobilization strategy will be prepared and communication materials produced. Media and donor visits will be organized and the celebration of special events supported. The *communication for development project* will promote positive behavioural and attitudinal changes to support country programme objectives. The implementation of the National Communication Policy for Development will be supported and the effectiveness of communication networks, rural radio and capacity of radio clubs enhanced. The production of IEC materials to promote child survival and protection will be supported. The overall programme will contribute to the planning, elaboration and monitoring of IECD and HIV/AIDS prevention activities. In addition to regular resources, other resources will be used to produce IEC materials. Key partners include the United Nations system, bilateral partners and NGOs.

36. Funds will be allocated to assure supply, logistical and other related **cross-sectoral costs** for the implementation of the country programme.

Major partnerships

37. The Government plays a major role in the implementation of the country programme. The UNDAF will reinforce collaboration with United Nations agencies and the World Bank and the International Monetary Fund. The increased support of bilateral partners (the Governments of Belgium, Canada, France, Germany, Japan and the United States), multilateral partners (the African Development Bank and the European Union) and NGOs has intensified the emphasis on programming for rural development, food security and social sector development. Community participation is essential to sustaining interventions.

Monitoring, evaluation and programme management

38. Key indicators to assess progress and monitor results are: U5MR, IMR, and MMR; and rates for malnutrition, access to potable water, immunization coverage, primary-school enrolment, the number of children reaching grade 5, gender parity, school drop-out, access of 3-5 year-olds to childhood programmes, literacy, child labour, birth registration and adult HIV/AIDS prevalence. Field visits, community feedback, activity reports, surveys and studies will track indicators. For 2004, a MICS and a specific survey of IBS districts are planned. *ChildInfo* and the Geographic Information System will help to integrate planning, monitoring and evaluation. The IMEP will be updated yearly. An MTR is foreseen in 2006. The Ministry of Finance and Economy will continue to be the main national coordinating body. The interministerial committee will continue to assume a steering role. Focal points from key ministries will facilitate contact and close collaboration.

39. For the IBS implementation, UNICEF, the Ministry of Finance and Economy and the newly-created Ministry of Community Development will provide coordination with districts and regions. UNICEF will work with regional steering committees to manage and coordinate activities.

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Draft country programme document**

Sierra Leone

Summary

The Executive Director presents the draft country programme document for *Sierra Leone* for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $11,794,000 from regular resources, subject to the availability of funds, and $16,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2004 to 2007.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data *(2001 unless otherwise stated)*		
Child population (millions, under 18 years)		2.8
U5MR (per 1,000 live births)		316
Underweight (% moderate and severe) (2000)		27
Maternal mortality ratio (per 100,000 live births) (2000)		1,800
Primary school enrolment and/or attendance (% net, male/female)	(1999)	68/63
	(2000)	39/34
Primary school children reaching grade 5 (%)		
Use of improved drinking water sources (%) (2000)		57
Adult HIV prevalence rate (%)		7.0
Child work (%, 5-14 year-olds) (2000)		72
GNI per capita (US$)		140
One-year-olds immunized against DPT 3 (%)		44
One-year-olds immunized against measles (%)		43

The situation of children and women

1. Children in Sierra Leone live very precarious lives. The country has the world's lowest ranking in the Human Development Index, and there are very few systems that adequately protect and fulfil children's rights. Peace is a little more than one year old and the task of recovery is huge. Health indicators are alarming, with an under-five mortality rate of 316 per 1,000 live births and a maternal mortality ration of 1,800 per 100,000 live births.

2. Malaria-related morbidity in children under five years of age is very high, with rates ranging from 35 to 45 per cent throughout the country. Use of insecticide treated bednets is negligible, with usage rates ranging from 5 per cent in rural areas to only 30 per cent in urban areas. Similarly, there are high morbidity figures for acute respiratory infections (ARI) (10 per cent) and poor nutrition, with the prevalence of underweight and stunting in children under five years at 27 per cent and 33 per cent respectively. Some 86 per cent pregnant women are anaemic. Through tremendous efforts, 88 per cent of the pre-war primary health units (PHUs) have been rehabilitated, but many are not fully operational. As many as 73 per cent of PHUs operate from private houses and the majority are run by the lowest cadre of health worker. Nationally, there is one doctor for every 34,000 people, which increases to over 200,000 in the northern and eastern districts. Although the immunization coverage rate is increasing gradually, it is still only 35 per cent. The relatively high rates for access to water and sanitation hide wide disparities (between 3 and 54 per cent) and the very dilapidated state of many facilities. Hygiene practices are poor, so that as much as 90 per cent of water from a safe source is contaminated in the household container. Consequently, there is a 25-per-cent morbidity rate for diarrhoea and cholera is endemic.

3. School enrolment rates are increasing but the net enrolment ratio is less than 50 per cent. Many children are overaged for their level because of the missed opportunity for schooling during the war. Access is increasing and 97 per cent of the schools now operational but 87 per cent of the classrooms require some

rehabilitation. The quality of education is a major concern; only 50 per cent of the teachers are qualified and trained and all schools have inadequate teaching and learning materials. The high levels of child work have an influence on enrolment. Although three quarters of children are involved in some form of daily work and 10 per cent work for more than 4 hours per day, but only 1.6 per cent undertake paid work.

4. Since the end of the disarmament and demobilization in January 2002, there has been no abduction of children by armed forces. Of the 5,552 children who were registered as separated with the Disarmament, Demobilization and Reintegration programme, 98 per cent have been reunified with their families and centre-based care has been replaced by community-based support. The increasing number of reported cases of sexual exploitation and abuse and the number of children on the streets indicate real protection concerns. The juvenile justice system is barely operational and children have little protection when in conflict with the law. The whole system requires substantial reform and rehabilitation.

5. HIV/AIDS is a major threat. All the factors that facilitate the spread of HIV are present in the country, including high levels of population displacement, very low access to education and health care and low levels of knowledge. Fewer than 20 per cent of adolescents can name three methods of prevention or three modes of transmission and fewer than 10 per cent of adolescents use condoms.

6. Many laws and policies do not cover areas that are critical for children, e.g., child protection, child rights and safe water. Monitoring and evaluation systems are weak and little importance is given to quality assurance.

7. There are positive signs, however. There is growing political stability and state authority is returning to all the districts. The economy is recovering and real gross domestic product has continued to grow. Productive sectors have shown growth over the last few years, with agricultural production rising by 20 per cent in 2001-2002. Diamond mining is gradually coming under control but large-scale commercial mining has not yet restarted. Nonetheless, government income is low. Over 60 per cent of the annual budget of about $200 million is generated from donor funding, of which 65 per cent is used for salaries, leaving only $50 million for development. The funds from the Debt Initiative for Heavily Indebted Poor Countries (HIPC) of about $169 million over three years will be a significant source of development financing.

Key results and lessons learned from the two previous cooperation programmes, 2000-2003

Key results achieved

8. Over the last three years, the programme was able to respond to the changing situation in the country. During the conflict, the programme concentrated on access to services, which collapsed in 2000 in the more than two thirds of the country held by the Revolutionary United Front. Now, immunization services are operational throughout the country and coverage has reached 35 per cent. The polio eradication initiative and vitamin A distribution have been particularly effective, with over 90 per cent of children reached. There has been no case of polio for the last two years. The programme contributed to the restoration of the primary health care (PHC) system with support to 333 PHUs and the physical rehabilitation of 40 PHUs. Over

245,000 people have been provided with access to safe water and sanitation and over 5,000 community hygiene promoters have been trained. Although cholera is endemic in Sierra Leone, there has been no outbreak since 2001. The education system was equally strengthened. Support to the primary education system has enabled children to attend school (127,000 children in formal schools and 55,000 in non-formal schools). The rapid response education programme enabled 16,500 children to return to school and the Comprehensive Rapid Primary Education for Schools (CREPS) catch-up programme has enrolled 35,000 children.

9. The child protection programme was particularly successful in the protection of children who were combatants or separated from their families due to the fighting. Through the support and leadership of the programme, a well-organized system that includes all child protection agencies has been developed and is operational nationwide. At its peak, there were 13 interim care centres throughout the country, caring for a total of 7,134 children. The Family Tracing System was developed and spread throughout the country and to date, 98 per cent of all registered children have been reunited with their families. In 2002, the transition from centre-based care to community-based care was undertaken and 5,552 children now are being supported in their reintegration to normal life. The system of care for survivors has been developed and seven programmes have assisted over 2,000 children. The programme has also developed a bank of child protection systems and skills and has made child rights a well-known concept to which the Government is committed.

Lessons learned

10. Community ownership and voluntarism are difficult development ideals to attain during this recovery phase. The experience of the country programme has shown that it is possible to develop community ownership of child reintegration and ongoing child protection efforts. During 2002, the programme shifted from a centre-based care system to a community-based system based on community child welfare committees (CWCs). In Eastern Province, 83 CWCs are operational and show potential, but their success depends on the degree of commitment to this approach by the implementing partners. The health programme has experienced varied success in terms of community contributions to the rehabilitation of health units. All other programmes are paying for local labour and materials in an attempt to accelerate rehabilitation. Nonetheless, it is essential that the seeds of development are planted during this recovery phase. Therefore, the country programme will demonstrate an integrated approach in 120 communities where community participation that will empower rights holders will be a central strategy.

11. The destruction in the war was so severe that all interventions will require some element of rehabilitation if the programme is to be credible and effective. By early 2002, only 13 per cent of classrooms in the 3,030 primary schools were usable following rehabilitation. PHUs show a similar pattern. Although many have reopened (222 in 2002 alone), the majority are below standard. In one of the focus districts, 72 per cent of the PHUs are operating in private houses. Rehabilitation provides a basis from which to improve quality of service. The new country programme will concentrate on improving the quality of services, including basic rehabilitation, so that the schools and health units have a base to improve standards.

12. The year 2002 began with only 3,000 refugees in country and hopes for a period of stability. However, within nine months the number of refugees from Liberia had risen to nearly 64,000 and prospects for 2003 are similar. After a few months of stability, the influx is starting again, on top of the return of 206,000 internally displaced persons (IDPs) and 198,000 returning refugees. These large population displacements have put a huge strain on the country's humanitarian response capacity. UNICEF and the Office of the United Nations High Commissioner for Refugees (UNHCR) have a memorandum of understanding for joint support of refugees in the areas of child protection, education and water and sanitation. Because a comprehensive response to emergencies is vital for the success of the country's recovery, it is essential that the programme maintain an active emergency response capacity.

The country programme, 2004-2007

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Education	2 123	2 510	4 633
Health	1 769	3 630	5 399
Child protection	1 769	4 590	6 359
Water, sanitation and hygiene promotion	1 179	1 710	2 889
Adolescent HIV/AIDS	1 769	2 560	4 329
Planning, monitoring and evaluation	708	200	908
External relations	708	-	708
Cross-sectoral costs	1 769	800	2 569
Total	**11 794**	**16 000**	**27 794**

Preparation process

13. The programme will have a duration of four years so as to harmonize with the United Nations Development Assistance Framework (UNDAF), which was completed in January 2003. The planning process began with a workshop to analyse the goals of the UNICEF medium-term strategic plan (MTSP) within the context of the national recovery situation. The resulting outline strategy and the Peace-Building and Recovery Strategy of the United Nations country team were shared with the Ministry of Economic Development and Planning, which organized a number of detailed planning meetings with line ministries, other United Nations agencies, principal donors and other partners. Cross-cutting themes and areas of intersectoral collaboration were explored by mixed groups. There was an exchange of data and strategies between the country programme planning process and the development of the Consolidated Appeal, the UNDAF and the National Recovery Strategy. Target districts were chosen to reach the least served, ensure compatibility and mutual reinforcement, and avoid duplication or imbalance of support across the country. The resulting logical framework for the country programme was drawn up

by senior government planners together with the UNICEF regional and country office before being presented to the Government.

Goals, key results and strategies

14. The country programme will contribute to the protection and fulfilment of the rights of children and women and enhancement of their participation. It will support Sierra Leone in its post-war rehabilitation and transition to development with an emphasis on disparity reduction and child rights promotion. The programme will focus on the rebuilding of quality basic social services and critical areas including juvenile justice and district-level management. Primary education will be a particular emphasis, and each programme will support some aspect of work in schools.

15. Because the country is characterized by an unpredictable security and socio-political situation, particularly in the focus districts, it is hard to predict the speed of rehabilitation or re-establishment of systems necessary for programme implementation. The mid-term review will assess the situation and refine the strategies as necessary.

16. The programme will support both national programmes and integrated programming in four selected districts which will be zones of convergence. The target districts are in border areas which have the greatest disparities in terms of access to services and damage resulting from the conflict. They will also receive the majority of refugees in the event of insecurity in the neighbouring countries. The districts have an estimated population of 1.7 million, which is 35 per cent of the total population. Within these four districts, the programme will concentrate in 120 selected communities with a total approximate population of 360,000, to provide an integrated programme of interventions.

17. The national interventions will include immunization, reintegration of former child soldiers, CREPS for children who have missed schooling, improving teacher training and supervision and rebuilding the juvenile justice system. Each programme will support the updating of policies and implementation guidelines and systems that include decentralization, district management and national harmonization of data management. In addition, the programme will maintain an emergency response capacity with in-country stocks of supplies for 10,000 people.

18. In the four target districts, there will be two levels of intervention. On a district-wide scale, the programme will ensure that basic social services function at pre-war levels, with improved quality and planned and managed by district technical teams and district councils. All schools and health centres will have water and sanitation facilities combined with health education, life skills and hygiene promotion. In addition, in an integrated community development approach, efforts in 120 communities will focus on significant improvements in child well-being. Due to limited capacity, birth registration will be revitalized in only one of the focus districts.

19. Programme communication, both for behavioural change and for community participation, will be a major component of each programme. Community participation will be facilitated through the strengthening of village development committees and the CWCs. This coincides with the approach being adopted by all the humanitarian agencies under the leadership of the National Commission for

Social Action. UNICEF will demonstrate and promote how this approach can include women and children in their own right. Gender, like HIV/AIDS, will be mainstreamed throughout the programmes. Reducing gender disparities will be a central target of the sexual exploitation and life skills programmes.

Relationship to national priorities and the UNDAF

20. In the recovery phase, the Government has prioritized the restoration of national security, political stability, government and civil authority, and rehabilitation of basic social services. The areas of particular concern are those where the majority of returning IDPs and refugees are resettling, the majority of ex-combatants are reintegrating and districts that have suffered the greatest war damage, located in the northern and eastern provinces. The country programme will work in four of the seven districts in these two provinces. The UNDAF reflects the same themes, divided into four components: poverty reduction and reintegration; human rights and reconciliation; good governance, peace and security; and economic recovery. The strategy of the United Nations country team for transition includes girls' education, malaria control, reducing the spread of HIV/AIDS, food production and household food security, all of which are components of the country programme. The Government is developing a poverty reduction strategy which prioritizes the restoration of social services. All strategies note the ever-present possibility of political instability and insecurity in the neighbouring countries, for which an emergency contingency is required.

Relationship with international priorities

21. The country programme will contribute to four of the five priorities of the MTSP. Girls' education is a priority for the Ministry of Education. In collaboration with the school rehabilitation programme funded by the Word Bank, the programme will focus on access and retention for girls. Immunization is the vanguard component of the rehabilitation of the PHC. The immunization programme quickly reached national-level coverage and in the next few years will concentrate on improving quality of services and reaching the most disparate areas. The country programme is the central core of the country's child protection sector. As the reintegration of former child combatants is completed, the rehabilitation of the juvenile justice system will be accelerating alongside the expansion of services for survivors of sexual violence. Since the start of the HIV/AIDS programme in 2002, the country programme has become a central actor and the technical leader in terms of programme communication and behavioural change. The work on information and life skills will be expanded and progressively lead to the introduction of voluntary counselling and testing (VCT) for adolescents. Given the poor state of the service infrastructure and low capacity of non-governmental organizations (NGOs), it will not be possible to institute an integrated approach to early childhood development. However, the integration of programmes in selected districts will lay a firm foundation for such an approach in the next county programme phase.

22. The country programme will contribute to achieving the Millennium Development Goals related to access to primary education, reversal in the incidence of measles, reduction in the spread of HIV/AIDS and increasing access to safe water. The first two goals will be addressed on a national scale while the others will be undertaken within the four focus districts.

Programme components

23. The **education** programme will aim to: improve the quality of training and supervision of primary-school teachers nationally by making six teacher-training institutions fully functional and training 2,000 teachers; increase net enrolment rates to 75 per cent in the four target districts; promote quality primary education in 413 schools; and strengthen district-level management of education. In addition, 80,000 children of primary-school age will have the opportunity to attend non-formal education, in a system that which is showing significant improvements in terms of quality. The programme will continue its commitment to provide educational opportunities through CREPS to an additional 100,000 children who have missed school due to the conflict.

24. The **health** programme will continue to improve immunization services throughout the country to reach a 75-per-cent coverage rate, reduce mortality due to measles (with a target of 90-per-cent coverage) and achieve polio-free status by 2005. An additional campaign against neonatal tetanus will target a 75-per-cent coverage rate. In addition, in the four focus districts, it will establish the integrated management of childhood illness approach and strengthen the entire PHC and referral system, combined with a community-based approach in 120 communities, to reduce malaria, ARI, diarrhoea, malnutrition and anaemia in pregnant women. In the target communities, the programme will also aim to reduce the malnutrition rate from 27 to 20 per cent, halve the incidence of malaria and increase the rate of deliveries by trained staff from 42 to 75 per cent. The programme will provide technical support, supplies (particularly vaccines and essential drugs) and training, and the district health management teams will supervise and manage the activities. Each district will be self-sufficient in terms of drug supply through an initial one-year supply to the rehabilitated PHUs and a district pharmacy based on a cost-recovery system.

25. The **child protection** programme is designed to address current major protection issues. It will complete the reintegration of up to 9,000 former child combatants and separated children and establish a sustainable, community-based support system for them. Protection services will be increased through the updating and revitalization of the juvenile justice system and expanding services for child victims of sexual and physical abuse. These will include a national reporting system and case management for cases of sexual exploitation. The birth registration system will be progressively revitalized starting in one district. The programme will provide training, policy and implementation guidance, technical and financial supports and supplies. The child welfare system will be strengthened in each district, and services for the survivors of sexual exploitation will be increased to cover the main provincial towns and the four focus districts. Information and awareness-raising materials will be disseminated nationally to change attitudes and practices concerning gender-based violence. In the initial years the programme will work with the Truth and Reconciliation Commission and Special Court to ensure that the rights of children who will be involved will be protected.

26. The **water, sanitation and hygiene** promotion programme will support the revitalization of primary education and health in the focus districts. It aims to contribute to a 20-per-cent decrease in the prevalence of hygiene-related diseases and prevent outbreaks of bloody diarrhoea and cholera in the four districts. The programme will ensure that all 241 PHUs and 764 primary schools in the four

districts will have water and sanitation facilities, especially for girls, and that 120 communities have 100-per-cent coverage together with hygiene promotion; establish a community-based maintenance system; and strengthen district monitoring and planning.

27. The **adolescent HIV/AIDS** programme provides support in its area of comparative advantage, i.e., information and behavioural change targeted at adolescents. The programme will increase the percentage of adolescents who state a change in their protection practices. In four districts, it will support life-skills activities in 400 schools, working with centres for street children and child commercial sex workers in seven district towns and the capital city, in conjunction with the development of VCT services.

28. External relations will focus on maintaining a media profile for all relevant issues and supporting follow-up to the Special Session on Children, reporting to Committee on the Rights of the Child and national promotion of children's and women's rights.

29. In an emergency situation in which the implementation infrastructure is very weak, the country programme has to maintain many programme implementation functions, especially field-level monitoring. **Cross-sectoral costs** are used primarily to support field-level monitoring and supervision, including the costs of the two field offices and logistics for all programme monitoring, as well as staff and office security.

Major partnerships

30. The HIPC funding for post-conflict recovery will enable the Government to implement major rehabilitation programmes that the country programme can complement. The principal partner to the education programme will be the World Bank school rehabilitation programme, including the improvement of teacher training and supervision within the Bank's programme. The health programme will work with the European Union (EU) to revise the national essential drug supply system; with the EU and World Bank on the rehabilitation of health facilities; and with the United States Centers for Disease Control and Prevention, the Global Alliance for Vaccines and Immunization and Rotary International on the immunization programmes. The programme will collaborate with the United Nations Population Fund and World Health Organization on strengthening maternal health interventions. The child protection programme will work with a wide range of NGO partners, the National Commission for War-Affected Children and the child protection section of the United Nations Mission in Sierra Leone to develop policies and guidelines and provide services. In its initial years, the programme will work with the Truth and Reconciliation Commission and Special Court to ensure that the rights of children will be protected. The water and sanitation and hygiene promotion programme will collaborate with the World Bank on its proposed support to strengthen the sector's management and implementation capacity. The adolescent HIV/AIDS programme will work with the World Bank's Sierra Leone HIV/AIDS Response Project (SHARP) in the national planning and development of implementation guidelines; and collaborate with the United States Agency for International Development and CARE on the social marketing of condoms. NGOs are the main implementing partners for all programmes and UNICEF plays a major role in sectoral coordination. The country programme collaborates closely with

UNHCR in provision of services to refugees for water and sanitation, education and child protection.

Monitoring, evaluation and programme management

31. Monitoring and data management for planning will be of critical importance in this recovery period. The country programme will contribute to decentralization and the strengthening of district planning and management by enhancing supervision and monitoring systems and harmonizing data management systems. The programme will collaborate on participatory poverty assessments and disparity assessment evaluations of the reintegration programmes, gender in education and HIV prevalence. Evaluations will be undertaken on quality of education, CREPS, quality of service provision, HIV/AIDS behaviour, hygiene behaviour, sexual exploitation, domestic violence and child trafficking. A multiple indicator cluster survey will be undertaken in 2005. A mid-term review will take place at the end of 2005. All of these activities will facilitate the development of a national monitoring and evaluation network.

32. During the recovery period, substantial UNICEF will be required to provide substantial technical expertise and support in all areas of sectoral and programme development, evaluation and monitoring of programme implementation. Programme communication will be strengthened with international experience for the HIV/AIDS programme. The water and sanitation and hygiene promotion programme will increase its expertise in hygiene promotion. Programme interventions will be closely supported and monitored from two field offices which have been established under the current programme, one of which is a joint United Nations facility.

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Draft country programme document**

Ecuador

Summary

The Executive Director presents the draft country programme document for Ecuador for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,912,000 from regular resources, subject to the availability of funds, and $10,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2004 to 2008.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	4.8
U5MR (per 1,000 live births)	31
Underweight (% moderate and severe, 1999)	15
Maternal mortality ratio (per 100,000 live births, 2000)*	130
Primary school attendance (% net, male/female)	90/90
Primary school children reaching grade 5 (%, 1999)	78
Use of improved drinking water sources (%, 2000)	85
Adult HIV prevalence rate (%, 2000)	0.30
Child work (%, 5-14 year-olds)	
GNI per capita (US$)	1 240
One-year-olds immunized against DPT3 (%)	90
One-year-olds immunized against measles (%)	99

* Preliminary UNFPA/UNICEF/WHO estimates.

The situation of children and women

1. The United Nations Common Country Assessment (CCA) highlighted Ecuador's high levels of inequality and social exclusion. In 2001, the poorest fifth of the population received less than 2 per cent of national income, compared with 64 per cent for the wealthiest fifth. Poverty, which affected 34 per cent of the population in 1995, affected over 60 per cent by 1999, and data for 2001 show further increases in poverty and inequity following the 1998-1999 economic crisis.

2. Inequality and poverty in turn prevent the universal fulfilment of children's rights. Nearly 70 per cent of Ecuador's 4.8 million children live in poverty. Approximately 430,000 children aged 5-17 years must work, and severe and moderate malnutrition affects 15 per cent of children under five years. Children have little access to organized early childhood development (ECD) services; government-assisted ECD programmes cover only 8.4 per cent of eligible children, and others are often left in the care of siblings and neighbours. From 1990 to 2001, the net primary-school enrolment rate stagnated at around 90 per cent. Boys and girls have equal access to education, but indigenous and afro-Ecuadorian children do not; 90 per cent live in poverty and only 39 per cent complete primary school (compared to 76 per cent of children from other groups). Despite significant reductions in infant and maternal mortality rates in recent decades, 50 per cent of current child deaths are preventable, and there are higher mortality rates for indigenous and afro-Ecuadorian children. Maternal mortality remains concentrated in indigenous areas, where only 20 per cent of births take place in public health centres. Seven out of 10 children under one year of age and 60 per cent of pregnant women are anaemic. Although the consumption of iodized salt remains high (98 per cent), in some indigenous Andean communities the consumption of non-iodized salt is again increasing. HIV/AIDS has not reached the pandemic levels seen elsewhere in the region, but the incidence of HIV has increased seven-fold since 1990, with women and adolescents increasingly at risk. According to the 2000 multiple indicator cluster survey, 55 per cent of those over 10 years of age have incorrect ideas of how HIV is transmitted and just 68 per cent know about preventive measures.

3. The CCA identified three structural causes for social exclusion and inequality: (a) an economic model that allows high levels of income and wealth concentration; (b) weak democratic governance and institutions; and (c) cultural exclusion based on ethnicity, gender and age. Using these structural causes, UNICEF identified a series of underlying factors related to the situation of children: (a) low public investment in social programmes; (b) institutional weaknesses in social service delivery; (c) centralization, with local authorities having few duties to fulfil children's rights; (d) weak civic participation; (e) limited social monitoring of public policy implementation; (f) cultural values and family practices that are antithetical to children's and women's rights; (g) and weak social values in terms of solidarity, dialogue and tolerance. As a result, children and women suffer from limited access to quality basic social services; weak training and low salaries for social sector personnel; domestic violence, often associated with alcoholism; high rates of primary-school repetition and desertion; and inadequate sanitation.

4. In response, the Government and society have made concerted efforts that are showing some positive results. Social public investment (covering health, education, housing, labour and welfare) doubled between 1999 and 2003 which, in turn, increased child immunization coverage (from 70 per cent 1999 to almost 95 per cent in 2002), school scholarships, and school feeding and nutrition programmes for young children. Greater participation has led to increased civic involvement, particularly by indigenous movements, in formulating public social sector policies, and to the creation of councils of prominent citizens (*observatorios*) to monitor child rights and fiscal policies. Most importantly, the new Child and Adolescent Code (*Código de la niñez y adolescencia*) harmonizes national law with the Convention of the Rights on the Child, defining national and municipal-level responsibilities for child rights, establishing a new framework for formulating public policies affecting children, and creating a juvenile justice system.

5. Nonetheless, challenges remain. Public debt (35 per cent of the budget) and low tax levels (just 14 per cent of gross domestic product) increasingly constrain additional social investment. Programmes for universal primary-school coverage, expanded secondary-school coverage, micronutrients, HIV/AIDS, malaria, dengue and tuberculosis all require additional resources.

6. Other challenges include political stability and democratic governance. In the 1990s, political instability arose from social and economic crisis, minimal consensus among political parties and among governmental branches, and weak subnational capacities. More stable democratic institutions are critical. The Decentralization Law of 1997 provides a framework for strengthening local capacities in the 214 municipalities, transferring powers and assigning 15 per cent of the national budget established in the Constitution.

7. Child abuse, child labour and other child protection issues all constitute new challenges. Some 40 per cent of 5-17-year-olds are suffer abuse within their family, and 16 per cent of children under 14 years are working, with associated risks to their health and school attendance. In response, the Government has recently adopted policies to eradicate child labour and confront abuse.

8. Ecuador also faces frequent emergencies, including frequent volcanic eruptions, earthquakes and alternating floods and droughts associated with *El Niño* and *La Niña*. Also of growing concern is the influx of Colombian refugees along the northern border.

Key results and lessons learned from previous cooperation, 1999-2003

Key results achieved

9. The 2001 mid-term review substantially revised the original objectives of the country programme, in the context of the economic and political crisis of 1998-2000. The results presented here refer to the revised objectives.

10. Advocacy and technical assistance contributed significantly to the increase in social investment from $600 million in 1999 to $1.2 billion in 2003. This resulted from strong partnerships with the Ministries of the Social Cabinet, the Ministry of Economy and Finance and the Congress. As part of a coalition led by national non-governmental organizations (NGOs) and the Congress, UNICEF also played a key role in the approval of the new Código, contributing technical assistance to the drafting process and carrying out advocacy and social mobilization to win the support of civil society.

11. Cooperation with indigenous organizations and the German Agency for Technical Cooperation (GTZ) has strengthened the intercultural/bilingual education system by training bilingual teachers, developing educational material and generating civic demand.

12. Community-level work has yielded important results, linked to the implementation of the ProAndes and Amazon subregional programmes approved by the Executive Board in 2002 (E/ICEF/2002/P/L.28 and E/ICEF/2002/P/L.29), which are fully integrated into the country programme. The Local Information System for social data allows municipalities and communities to monitor progress and identify gaps in the fulfilment of rights. UNICEF supported the design of the software, training of personnel and the creation of a coordinating body of municipal, ministerial and other institutional staff to harmonize policy and implementation. Advocacy and technical assistance have increased community participation in the formulation of municipal budgets. Currently, 22 per cent of municipalities have such "participatory" budgets, and a rapid assessment showed increased allocation of resources to local social programmes. UNICEF has worked closely with other United Nations agencies in these endeavours.

13. The country programme has established prominent citizens' councils to rally support for children's rights. The Child Rights *Observatorio* was created to monitor progress in each province, using a "child rights index" for each life-cycle stage (0-5 years, 6-12 years and 13-18 years), incorporating census and survey data. The results are published quarterly in Spanish and Quichua (spoken by nearly 75 per cent of the indigenous population). An initial *State of Child Rights* report summarizing the data and analysing the underlying factors will be published in July 2003. The councils' members are drawn from social organizations, media, universities and increasingly from the private sector. In 2002, the Observatorio organized a campaign calling for higher priority for education. A poll showed that almost 70 per cent of adults supported the campaign and its message.

Lessons learned

14. UNICEF has used a three-part strategy to support sustainable long-term growth in public investments, especially in basic social services: (a) helping to develop the initial draft annual budgets of the Ministries of Education, Health and Social

Welfare; (b) informing Congress of potential improvements to the final draft budget submitted by the Government; and (c) monitoring actual social spending against the budget approved by Congress, together with the Social Cabinet and others.

15. The new country programme must give increased technical and political support to child protection, especially to combating child labour and child abuse. A project to mitigate the risks of child labour and ensure school attendance for children on banana plantations was the only such effort during 1999-2003. A more systematic approach is needed, linked to the national strategy to eradicate child labour supported by the International Labour Organization's (ILO) International Programme on the Elimination of Child Labour (IPEC).

16. Despite the success of local-level actions supported by UNICEF, more emphasis is needed on assessing their results and impact on children's lives. In addition, while the present intersectoral programmes at both national and local levels contribute to an integrated approach and foster cross-sectoral innovations, more emphasis and visible priority is needed on the goals of the UNICEF medium-term strategic plan (MTSP), including reducing child mortality and universalizing basic education. Intersectoral approaches must be balanced with specific sectoral results.

17. The new country programme should also place more emphasis on families as duty bearers fulfilling child rights. Success in influencing public policy must now be matched with increased efforts to help families understand and meet their responsibilities, especially in the areas of ECD and prevention of child abuse. Public policies on integrated ECD must also be strengthened in order to establish sustainable frameworks for programmes with family-centred approaches and for pilot programmes.

The country programme, 2004-2008

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Institutional reform and social investment for children	995	1 000	1 995
Intercultural education for all	575	3 500	4 075
Health and nutrition	600	3 000	3 600
Participatory monitoring and social mobilization for child rights	992	1 000	1 992
Cross-sectoral costs	750	1 500	2 250
Total	**3 912**	**10 000**	**13 912**
ProAndes (E/ICEF/2002/P/L.28)[a]		3 750	3 750
Amazon (E/ICEF/2002/P/L.29)[a]		2 925	2 925

[a] Subregional programmes approved in 2002.

Preparation process

18. The new country programme is based on the CCA and the United Nations Development Assistance Framework (UNDAF). All agencies in Ecuador participated in the process, including those without a permanent presence, and theme groups provided technical inputs. Both documents were validated with national authorities, including the President, the Minister of Foreign Affairs and other relevant ministers.

19. UNICEF developed its strategy paper after the CCA and UNDAF, in early 2003. It was then reviewed at a meeting with relevant central and local government authorities, civil society leaders and representatives of United Nations agencies. The conclusions were transformed into a country programme document which, in turn, was discussed with the Government under the leadership of the Ministry of Foreign Affairs. International financial institutions and bilateral donors provided inputs in a parallel consultation which emphasized close collaboration and complementarity.

Goals, key results and strategies

20. The long-term goals of UNICEF cooperation are to ensure that all children enjoy 10 years of quality, intercultural basic education; grow up healthy and well nourished; grow in an enabling, culturally-sensitive and caring environment which protects them from all forms of abuse and exploitation; and live in families which can satisfy all their basic needs. Reducing cultural, economic, social and political inequities will therefore be central to the 2004-2008 programme.

21. The country programme will seek the following key results, together with governmental and non-governmental counterparts, United Nations agencies and other donors: (a) children aged 6-12 years to complete seven years of quality, intercultural basic education; (b) children and women to have access to culturally-sensitive health programmes to reduce malnutrition, anaemia and child and maternal mortality; (c) women to have access to programmes to reduce the vertical transmission of HIV/AIDS, and adolescents to programmes to prevent transmission of HIV/AIDS; (d) children under five years of age, especially among the poor, to have access to culturally sensitive ECD programmes; (e) children under 15 years of age to be prevented from working in hazardous conditions or in activities that prevent school attendance; (f) abused children to have access to legal protection and rehabilitation programmes; and (g) protection of the rights of children affected by emergencies.

22. Achieving these key results will depend on the following strategies: (a) advocacy for a sustained increase in social investment; (b) support for implementation of the *Código*, particularly for national and municipal institutional frameworks to develop public policies and enhance child protection; (c) strengthening national and local capacities for effective management of social programmes; (d) designing culturally- and gender-sensitive approaches to basic social services and child protection; (e) social mobilization and citizen participation in monitoring and creating demand for the universal fulfilment of child rights; (f) developing innovative models, within the public policy framework, to ensure family practices that create a caring and enabling home; and (g) strengthening national and local capacities for emergency preparedness and response.

23. Subnational strategies will focus on disparity reduction in 22 of the poorest counties (*cantons*) of the Amazon Basin, Sierra and Coast regions, supporting the decentralization and deconcentration of social programmes. These counties, which suffer the lowest social indicators, are already served by the subregional ProAndes and Amazon programmes. Activities will be implemented in close coordination with municipal and provincial authorities, and with indigenous, community and religious grass-roots organizations.

Relationship to national priorities and the UNDAF

24. The new Government established its social priorities through a multisectoral, multilevel National Dialogue undertaken in January 2003. The Government has established poverty reduction and combating corruption as the two pillars of its administration. UNICEF participated in the National Dialogue, ensuring congruence of the Government's objectives with those of the country programme: 10 years of basic education for all children; universal access to health insurance, priority for primary health care programmes; and related fiscal and special protection objectives.

25. Ecuador's UNDAF establishes three priority intervention areas: (a) poverty reduction through universal access to quality basic social services and through greater economic opportunities for poor families and communities; (b) environmentally sustainable development; and (c) strengthening of democratic governance and transparency. The new country programme fully supports areas (a) and (c).

Relationship to international priorities

26. The situation analysis confirmed the relevance of the five priorities of the UNICEF MTSP for the new country programme. Efforts for girls' education will focus on developing gender-sensitive curricula and teacher training. In integrated ECD, the country programme will help to establish public policies and foster their application within families and institutions. Child protection efforts will focus on reducing hazardous child labour and child abuse. Immunization "plus" activities will strengthen the capacity of the Ministry of Health to provide and monitor immunization services, as well as to reduce the prevalence of anaemia. For HIV/AIDS, the country programme will focus prevention and education efforts on at-risk newborns and adolescents. This range of programmes will also help Ecuador to meet the obligations outlined in *A World Fit for Children*.

27. To help achieve the Millennium Development Goals, the country programme will: (a) promote the universalization of basic education, integrating the most excluded, especially indigenous and afro-Ecuadorian children; (b) contribute to reducing malnutrition and infant, child and maternal mortality; (c) contribute to eliminating gender stereotypes and gender discrimination in the provision of social services and family child-rearing practices; and (d) contribute to reducing HIV/AIDS, particularly vertical transmission and transmission among adolescents. Each United Nations agency has comparative advantages for achieving the Millennium Development Goals in different areas, and the United Nations country team coordination seeks to optimize their impact.

Programme components

Institutional reform and social investment for children

28. This programme has three components. The institutional reform portion will foster structural changes needed to implement the *Código*, focusing on: (a) supporting creation of the National Council for Children and Adolescents, and its technical secretariat, to formulate public policies; (b) supporting creation of municipal-level child rights councils which will design local policies and allocate resources for local plans of action; and (c) training of judges and other members of the judicial system in the new legal framework for juvenile justice. The child protection component will utilize structures created by the institutional reform to: (a) establish support centres for children and families to develop services, including temporary shelters for abused children and community programmes to foster non-abusive family practices for child-rearing; (b) devise public policies on child labour; (c) implement a national monitoring system on child labour to expose publicly the exploitation of working children, to be managed by the Ministry of Labour in coordination with line ministries and municipalities; and (d) inform businesses, public authorities and families of child labour legislation, and involve them in applying the legal framework. The social investment component will: (a) conduct research on improving the quality of investments made in education, health, nutrition and child protection; (b) develop recommendations for greater transparency and equity in allocating public resources to the social sector; and (c) strengthen citizens' initiatives to monitor and report on public social investment.

29. UNICEF has a strong track record in the areas of advocacy and consensus-building regarding social investment priorities, focusing on child rights. Programme partners include public sector ministries, the National Institute for the Child and the Family (*Instituto Nacional del Niño y la Familia* (INNFA)), municipalities, national and international NGOs, the Fiscal Policy *Observatorio* and indigenous organizations. In supporting the Fiscal Policy *Observatorio*, UNICEF will work closely with the United Nations Development Programme (UNDP) within the UNDAF, and in dialogue with the World Bank, the Inter-American Development Bank and other international financial institutions. The child protection and institutional reform components will be coordinated with ILO-IPEC, the Pan American Health Organization (PAHO), the United Nations Population Fund (UNFPA) and the United Nations Development Fund for Women.

Intercultural education for all

30. This programme has three components. The intercultural basic education portion aims to: (a) mobilize consensus and revise legal and institutional framework to realize the Constitutional commitment of 10 years of universal basic education, especially regarding interculturalism; (b) develop a national plan for universal, quality, intercultural education, and associated short- and long-term investment plans for basic education; and (c) strengthen institutional capacities to implement the revised framework. The ECD component aims to: (a) build consensus for legislation to support the right to universal access to culturally-sensitive ECD programmes; (b) develop national plans to implement this right; (c) help establish national, provincial and municipal responsibilities within the plans; (d) pilot models to improve family child-rearing practices within the framework of national and local public policies on ECD; and (e) establish social monitoring mechanisms to measure

progress. The child protection component will focus on: (a) developing primary- and secondary-school programmes to detect and report cases of child abuse and family violence at home, and cases of child abuse and sexual harassment in schools; and (b) developing or expanding primary- and secondary-school programmes to detect and report child labour which prevents school attendance, and to re-incorporate child workers in the educational system.

31. In the field of education, the comparative advantages of UNICEF include providing technical assistance for intercultural learning, promoting social mobilization to generate demand for greater quality and access to basic education, and developing local ECD networks. Partners for the intercultural basic education programme include the Ministries of Education, Social Welfare and Public Health; INNFA; international and national indigenous organizations; GTZ; UNDP; and the United Nations Educational, Scientific and Cultural Organization. Within the UNDAF, PAHO and the World Food Programme (WFP) will be partners for ECD.

Health and nutrition

32. This programme has three components. The health ECD component, which will be closely coordinated with the education ECD component, aims to: (a) support the establishment of agreements between institutions and civic networks to increase the coverage of maternal and child health (MCH) programmes and focus on the child growth and development elements of child-rearing practices; (b) promote increased public expenditures for educational programmes on family health, nutrition and sanitary practices; (c) promote increased expenditures on micronutrient supplementation and monitoring systems to combat anaemia, vitamin A and iodine deficiencies; and (d) mobilize local authorities and community organizations to demand access to adequate safe water and sanitation. The MCH component will support: (a) the development of policies and funded programmes to implement the existing Law on Cost-Free Motherhood, which assures pregnant women and children the right to free health services; (b) mobilization of civil society organizations to demand sustained public funding for immunization "plus" programmes; (c) increased public allocations to prevent and control vertical transmission of HIV/AIDS; and (d) the development of a network of children and adolescents to help implement HIV/AIDS education and prevention programmes. The child protection component will unite public and private health services to: (a) develop clinic-based programmes to respond to child abuse; (b) systematically report cases of family violence and child abuse; and (c) comprehensively report injuries or diseases among children who work in hazardous conditions. The health monitoring components will be linked with the national monitoring systems described in the institutional reform programme (see para. 28 above).

33. In Ecuador, UNICEF is a recognized expert in nutritional education, social mobilization for immunization and endemic disease control, micronutrient supplementation and the formulation of health and nutrition policies. Programme counterparts will include the Ministries of Public Health, Education, and Social Welfare; the Catholic Church and subnational authorities. UNDAF partners include the Food and Agricultural Organization of the United Nations, PAHO, UNDP, UNFPA and WFP. The European Union is a potential partner based on its new nutritional education project.

Participatory monitoring and social mobilization for child rights

34. This programme has three components. The child rights *observatorio* project will support: (a) continuous monitoring of national and provincial progress in rights fulfilment, according to the "child rights index"; (b) dissemination of annual reports and quarterly bulletins reporting national progress according to the index and towards the Millennium Development Goals and other social goals; and (c) sustained advocacy with civil society through continuation of the Council of the Child Rights *Observatorio*, including the private sector, NGOs and religious organizations. Participatory monitoring of child rights at the local level will: (a) target decision makers in the 20 priority cantons, who will use the Local Information System to assess the effectiveness and efficiency of local public policies; and (b) inform and mobilize citizens and communities to incorporate data from the Local Information System in their advocacy for child rights. The arts and culture for the promotion of child rights component will focus on: (a) strengthening families' and communities' understanding of child rights and their responsibilities as duty bearers through innovative artistic and theatrical media, based in large part on existing programme communication efforts; and (b) the establishment by socially committed artists of a professional network to help inform families and communities about child rights.

35. Major counterparts will be the Council of the Child Rights *Observatorio*, the Social *Observatorio* Foundation of Ecuador, the mass media, national NGOs and the indigenous movement. Both PAHO and UNDP have expressed interest in the programme.

Cross-sectoral costs

36. Cross-sectoral costs cover technical assistance providing services for several programmes and a proportion of common operational costs. Regular resources will be used mainly to finance technical assistance for the programme components on institutional reform and social investment and participatory monitoring and social mobilization, given their emphasis on advocacy and social communication and mobilization and their relation to cross-sectoral interventions. Other resources primarily will finance education, health and nutrition-related interventions, given their emphasis on structural change (public policies) at national level and impact-oriented actions on behalf of children at subnational level.

Cross-cutting issues

37. The country programme will address the frequent natural disasters which affect Ecuador through a cross-sectoral initiative. Building on experiences during 2000-2002, UNICEF will focus on: (a) training counterparts on child rights during emergencies, using the UNICEF core corporate commitments as a model; and (b) on implementing the rights-based approach through national and local preparedness and response plans. Key counterparts will include the United Nations Emergency Team (a successful experience of inter-agency coordination), the Civil Defence, the Red Cross and local authorities. A multi-country approach to assist communities and children affected by the conflict in Colombia along the northern border is being discussed at regional level and with other United Nations agencies.

38. As noted above, the country programme aims to reduce gender disparities through the universal fulfilment of child rights. In this context, gender equity will be

a cross-cutting element of each programme component. Education activities will promote gender-sensitive values in schools and will monitor equal access of boys and girls to quality education, particularly among indigenous children. The institutional reform and social investment activities will support increased public expenditure for prevention of domestic violence, particularly against indigenous women, and empowering women. Participatory monitoring and social mobilization will promote equal participation of women in the formulation of public policies.

Major partnerships

39. The major government partners include the ministries of the Social Cabinet and the Ministry of Economy and Public Finance. Provincial and municipal authorities will implement many activities, especially in the areas of ECD and child protection. Civil society groups, especially indigenous and other popular movements representing the most excluded and marginalized, will have a strong role in advocacy and monitoring. A major goal is fostering sustained coordination mechanisms, especially between the public and private sectors and civil society.

40. The Government's interest in donor coordination has increased in recent years. In addition to the UNDAF process, the Ministry of Foreign Affairs is convening an inter-agency group on poverty reduction, led by the World Bank with UNICEF participation.

41. The participation of the private sector has increased since 1999. Private sector leaders are involved in such advocacy efforts as the Child Rights *Observatorio*, and private sector fund-raising now includes partners from the mass media and financial sector. To increase private sector income, UNICEF will begin a televised fund-raising campaign, using models from Southern Cone countries.

Monitoring, evaluation and programme management

42. Key indicators to assess progress and monitor results will be: (a) completion of seven years of basic education; (b) malnutrition rates; (c) under-five and maternal mortality rates; (d) the coverage of ECD programmes; (e) the percentage of working children; (f) the level of adolescents' knowledge about HIV/AIDS prevention; and (g) the percentage of abused children. Some 80 per cent of the required monitoring data are available from routine national and subnational social data systems, supplemented by periodic surveys, although data remain weak with respect to governance and participation. UNICEF supports significant supplemental analysis by its counterparts in the area of participatory monitoring. UNICEF staff monitor projects in the field for an average of 5-7 days per month, apart from project consultants based full time in target municipalities. Major evaluations during the country programme cycle will cover the effectiveness of the local councils for child rights and the impact of pilot activities to introduce family-centred integrated ECD methodologies.

43. Monitoring and evaluation activities will be coordinated within an integrated monitoring and evaluation plan. UNICEF uses evaluations strategically to assess pilot approaches, or national projects which have had time to have an impact on their target populations. UNICEF will also undertake process evaluations to review the capacity of institutions to meet their mission and to respond to public demand for social services. A Monitoring and Evaluation Officer reports to the country management team, and an inter-agency monitoring and evaluation team is being

developed for the UNDAF. The mid-term review of the country programme will take place in 2006, preparatory to the updating of the CCA/UNDAF in 2007.

44. The Ministry of Foreign Affairs, the lead UNICEF counterpart, organizes inter-agency meetings, including donors, for periodic reviews. As discussed above, other management and monitoring structures also exist, especially at the subnational level. Of special importance are local information systems which provide detailed data on specific areas, and increased involvement of civil society and others in analysing data and developing local responses.